PILOTING A COMMUNITY APPROACH TO HEALTHY MARRIAGE INITIATIVES IN FIVE SITES: MINNEAPOLIS, MINNESOTA; LEXINGTON, KENTUCKY; NEW ORLEANS, LOUISIANA; ATLANTA, GEORGIA; AND DENVER, COLORADO

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FINAL REPORT

OPRE Report 2011-6

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Submitted to:
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U.S. Department of Health and Human Services

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Contents

Figures

Tables

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This report documents the results of implementation research in five of the Office of Child Support Enforcement Community Healthy Marriage Initiative sites: Minneapolis, Minnesota; Lexington, Kentucky; New Orleans, Louisiana; Atlanta, Georgia; and Denver, Colorado. As such, it could not have happened without the support of many people. We especially thank the families whose lives are represented in the statistics and stories throughout this report. We hope that the report reflects their experiences and contributes to policy decisions that will improve their lives and opportunities.

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Lastly, the views presented are those of the authors and do not necessarily represent the official position of the U.S. Department of Health and Human Services or its agencies.

The Authors

EXECUTIVE SUMMARY

In 2002, the Administration for Children and Families (ACF) instituted the Community Healthy Marriage Initiative (CHMI) evaluation to document operational lessons and assess the effectiveness of community-based approaches to support healthy relationships and marriages and child well-being. A component of the CHMI study involves implementation research on demonstrations approved by the Office of Child Support Enforcement (OCSE) under authority of Section 1115 of the Social Security Act.[1] The goals of the demonstrations are to achieve child support objectives through community engagement and service delivery activities related to healthy marriage and relationship (HMR) education programs.

A series of reports is being produced on the implementation of the Section 1115 projects. A total of 14 programs are included in the CHMI evaluation implementation study. Earlier reports covered the implementation of demonstrations in five locations: Boston, MA; Chicago, IL; Grand Rapids, MI; Jacksonville, FL; and Nampa, ID. This report focuses on the demonstrations in Minneapolis, MN; Lexington, KY; New Orleans, LA, Atlanta, GA; and Denver, CO.[2] The report examines community engagement efforts, the design and implementation of service delivery (healthy marriage and relationship training workshops and related services), and links with child support. It does not present estimates of program impacts or effectiveness. The report is based on site visits conducted from November 2008 to June 2009, a time when the sites were in various stages of program implementation—demonstrations in Denver and Minneapolis were each in the last year of funding, whereas the other three demonstrations were in earlier stages of implementation.

Demonstration Sites and Their Program Models

Applications for funding under Section 1115 were submitted by the State agency responsible for administration of the child support program. Funding authority and waivers provide recipients with Federal matching funds for the costs of approved demonstration activities. Recipients are required to provide the State share of funding. The length of funding is specified for each demonstration, but typically is for either 3 or 5 years.[3] Each of the five

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[1] Section 1115 of the Social Security Act authorizes the U.S. Department of Health and Human Services to award waivers of specific rules related to State child support programs to implement an experimental, pilot, or demonstration project that is designed to improve the financial well-being of children or otherwise improve the operation of the child support program. The waiver authority allows States to claim Federal financial participation under Title IV-D of the Act for approved demonstration programs, but it does not permit modifications in the child support program that would have the effect of disadvantaging children in need of support. Throughout the executive summary and accompanying report, the term "grant" is used to refer to this waiver funding.

[2] Demonstrations in Georgia and Colorado were not confined to the Atlanta and Denver metropolitan areas; they were spread throughout various counties in each State.

[3] Some grantees received time extensions to compensate for initial delays; the total funding available did not change.

demonstrations included in this report was led by a partnership between a nonprofit organization and a State child support enforcement office. Table ES-1 provides duration and funding amounts for each demonstration.

Table ES-1. Duration and funding amounts for each demonstration site

Site	Waiver recipients	Length of waiver	Funding amount (including match)
Minneapolis	University of Minnesota	April 2004–September 2009 (5 years)	$989,999
Lexington	Department of Income Support, Division of Child Support Enforcement	March 2005–June 2010 (3 years)*	$1,000,000
New Orleans	Louisiana Department of Social Services, Support Enforcement Services	April 2004–June 2010 (5 years)*	$924,000
Atlanta	Georgia Department of Human Resources, Office of Child Support Enforcement	March 2005–June 2011 (5 years)*	$960,000
Denver	Colorado Department of Human Resources, Office of Self Sufficiency, Child Support Enforcement Program	September 2005–December 2008 (3 years)	$830,000

*These sites received no-cost waiver extensions.

Each of the applicants applied for and received funding authority on the basis of its specific plan to achieve the CHMI and child support objectives. Because the organizations varied in nature and aimed to serve different populations, in terms of both number and demographics, the five demonstrations discussed here and in the accompanying report represent a variety of implementation approaches.

The next section and accompanying tables describe each of the programs examined in this report. We then highlight key program variations.

Minneapolis: Family Formation Project

The Minnesota Healthy Marriage and Responsible Fatherhood (HMRF) Initiative's Family Formation Project (FFP) is a partnership between the University of Minnesota's Department of Family Social Science and the Minnesota Department of Human Services' Child Support Enforcement Division (CSED). The FFP aimed to improve child well-being, child support outcomes, and healthy marriages and relationships among couples who were unmarried when they enrolled in the program, were in committed relationships, had recently had a child and established paternity, and lived in the Minneapolis/St. Paul metropolitan area. The program developers chose to target unmarried parents identified as "fragile families"

because, despite their initial interest in maintaining their relationships, once their child is born, research shows that these couples are at high risk of breaking up.

In December 2005, the FFP began recruiting couples to participate in the program and began service delivery in January 2006. The program aimed to serve 100 couples using an in-depth approach that delivered services to participating couples for 1 year.

The FFP service approach involved intensive, in-home healthy marriage and relationship education and coaching services, provided by facilitators who were University of Minnesota graduate students with degrees in social work or marriage and family therapy. Facilitators chose from multiple curricula[4] made available through the program. Facilitators also conducted needs assessments and made referrals to other services to address couples' needs, including employment, housing, couples counseling, domestic violence, and child support services. In addition to the one-on-one services, the FFP also offered couples monthly group educational events. The program model did not set standards or minimums for the number of hours of service couples were to receive.

A final component of the demonstration was the establishment of two groups of mentor couples. One group was the "partnership couples group," consisting of four married couples from the community who met with project staff monthly to advise on program design issues. The partnership couples group also worked directly with FFP participants by providing one-on-one couple mentoring when requested. The other group, the "participant leadership couples group," was a group of about 10 participating couples nominated by project staff to provide advice on improving the program and input to plans for the monthly group educational events.

Lexington: The Bluegrass Healthy Marriage Initiative

The Bluegrass Healthy Marriage Initiative (BHMI) is a partnership between the University of Kentucky's Department of Family Studies; the Kentucky Cabinet of Health and Family Services Department of Income Support, Division of Child Support Enforcement; and IDEALS of Kentucky, a nationally known marriage education provider. The BHMI aimed to improve family stability and child well-being by increasing access to marriage and relationship education, promoting awareness of the importance of healthy marriages and relationships among a coalition of community organizations, and improving child support outcomes among program participants. BHMI operators planned to serve 1,000 individuals in eight counties in or around Lexington, KY. A diverse group of individuals and couples in many relationship arrangements was targeted, including those who were dating, cohabiting, engaged, married, and separated or divorced. The project began service delivery in fall 2007.

[4] These curricula included the Family and Democracy Model; PREPARE, components of PREP, and educational materials developed by John Gottman.

The BHMI had both a research and an educational service delivery component. For the research component, University of Kentucky research staff developed a survey of marriage and relationships to be administered to individuals and couples recruited from organizations that were members of the BHMI community coalition. Survey results were then summarized and provided to the partner organizations so they had better information about various aspects of their members' marriage and family relationships. The organizations then used the information to develop or refine services that better addressed the circumstances and needs of their members. The educational component was initially a train-the-trainer model through which partner organizations trained staff to deliver marriage and relationship education. However, this model did not routinely result in those trained actually facilitating marriage education workshops within their organizations. As a result, project leadership elected to revise their approach and utilize a direct service-delivery model through one partner, IDEALS of Kentucky. Curriculum choices were limited to two programs developed by this organization: Mastering the Mysteries of Love for couples and Love's Cradle for lower-income unmarried parents. IDEALS facilitators delivered the curricula in 16 hours over a 2-day period, although they were flexible and adapted the schedule for organizations that requested it.

BHMI did not conduct needs assessments or provide client referrals to other services. Information about child support was distributed at the beginning of each class. In addition, the facilitators distributed a brochure about domestic violence, and participants watched a 10-minute video on the topic. The facilitators did not conduct an upfront assessment of domestic violence before class enrollment, but if class participants disclosed domestic violence, the facilitators informed them about support services, such as crisis counseling and safe housing.

New Orleans: Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative

The Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative is a first-time partnership between the Louisiana Department of Social Services, the Office of Family Support, Support Enforcement Services, and Total Community Action (TCA) of New Orleans, LA. TCA is a nonprofit, community-based agency providing multiple services to low-income families. The partners worked together to develop and launch "Families Matter!" (FM) that was operated and staffed by TCA.

The Families Matter! program used a case management model to provide marriage and relationship educational classes and access to TCA's other comprehensive services and referrals. The program aimed to serve 300 parents or expectant parents who lived in New Orleans or Jefferson Parish and had incomes under 200 percent of the Federal poverty line. Implementation of the program was delayed because Hurricane Katrina destroyed TCA

facilities. Once TCA's facilities were rebuilt in 2008, the full program of case management and educational services was implemented.

The service delivery approach combined in-depth case management, a specialized education curriculum, and referrals to other services to address the needs of the married and unmarried parents. The education component used the Fragile Families curriculum, taught by TCA staff members trained as facilitators. Three types of group classes were held—for couples, fathers, or mothers—and each consisted of eight 2-hour weekly class meetings. In addition to education workshops, TCA case managers offered participants access to other services the agency provided, if needed, including early childhood education (Head Start), after-school tutoring, dropout prevention, drug court services, housing assistance, employment assistance, and financial planning. Case managers also provided referrals to appropriate agencies when domestic violence and child support issues arose. TCA staff relied on existing relationships with other community organizations rather than establishment of new coalitions for demonstration purposes.

Atlanta: The Georgia Healthy Marriage Initiative

The Georgia Healthy Marriage Initiative is a partnership between the Georgia Department of Human Services, Division of Child Support Services, and the Georgia Family Council, which is a nonprofit research and education organization based in Atlanta, GA.

The primary aim of the demonstration was to develop a large-scale community saturation effort to provide healthy relationship and marriage education services in six geographically dispersed communities to singles and to married and unmarried couples. The partners focused on building the capacity of faith- and community-based organizations and government agencies to form coalitions and to train an extensive volunteer workforce to deliver program services. The program set a goal of having 750 certified trainers and providing relationship and marriage education to 7,500 participants over the course of 5 years, starting in January 2006.

This focus on coalition capacity-building set this demonstration apart from most other Section 1115 projects. The coalition partners and their volunteers took full responsibility for service delivery. Volunteers attended training in various marriage education curricula and, upon completion, became certified trainers, responsible for organizing, recruiting, and facilitating classes in their respective communities. This approach results in wide variation in the classes offered, including curriculum, service delivery format (e.g., weekend, 1-day, or weekly classes), and graduation requirements. Leaders at each local organization

decided which of 14 approved curricula[5] best met the needs of families in that specific community; their volunteers were then trained and certified to teach or facilitate the selected curricula.

The local organizations typically did not provide formal linkages to other services for individuals and couples who enrolled in the marriage and relationship education classes. The teachers/facilitators were provided with information about domestic violence to hand out to participants, as well as a referral list of domestic violence social service organizations, but they were not formally trained in domestic violence. The program discourages participation from those who are experiencing domestic violence, although there is no formal screening process.

Denver: Colorado Healthy Marriage and Responsible Fatherhood (HMRF) Community Demonstration Initiative

The Colorado Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative is a first-time partnership between the Colorado Department of Human Services, the Office of Self Sufficiency, the Child Support Enforcement Program, and the Family Resource Center Association (FRCA). The FRCA is a statewide network of 24 community-based Family Resource Centers (FRCs). The coalition launched the "Partner Up" program to add healthy relationship and marriage education services and access to child support services, to the services offered at five FRCs—two in the Denver metropolitan area and three in other parts of the State. Staff began delivering services in October 2006. The program aimed to serve 300–400 unmarried parents as well as individuals interested in developing healthier relationships.

Partner Up service delivery was based on a decentralized, case management model that allowed each FRC to tailor programming to fit within its current structure and meet the needs of local couples and individuals. Each FRC made its own decision on the relationship and marriage education curricula taught and the class format. All FRCs offered either CORE Communication for singles or Couple Communication for couples; two FRCs offered both curricula. Additionally, two of the FRCs offered the Fragile Families curriculum designed for low-income, unmarried parents. Class formats differed across FRCs according to the needs of the local community and the curricula selected; classes met from 1.5 to 3 hours per session for 1–10 weeks. Each FRC also set its own definition of graduation; some FRCs had no graduation requirements, some allowed participants to miss one or two classes, and some required participants to complete all class sessions.

[5] The curricula are Couple Communication; Facilitating Open Couple Communication, Understanding and Study (FOCCUS) Inventory; African-American Marriage Enrichment; How to Avoid Marrying a Jerk; A Black Marriage Education Curriculum: Basic Training for Couples; PREPARE/ENRICH Inventory; Practical Application of Intimate Relationship Skills (PAIRS)—Passage to Intimacy; 10 Great Dates to Energize Your Marriage; 8 Habits of a Successful Marriage; Smart Steps for Adults and Children in Stepfamilies; Survival Skills for a Healthy Family; LINKS: Lasting Intimacy through Nurturing, Knowledge and Skills; and 10 Rites of Passage.

The FRCs offered a wide range of other existing services, including paternity referrals, prenatal counseling, employment referrals, Even Start programs, and parenting classes; these services were also available to Partner Up participants. Staff were provided with a domestic violence protocol that assessed whether there was any past or present domestic violence of participants and established procedures to make referrals to services when needed. Because Partner Up was added into an existing social service infrastructure with linkages to other service providers in the community, the project partners decided not to form new community coalitions.

Characteristics of Participants

Data presented in this section reflect the characteristics of participants involved in the first 2–3 years of the five demonstrations. [6] Each approved demonstration proposed targets for the number of individuals or couples it aimed to reach. At the time of the site visits, the sites had served populations of varying sizes, ranging from 96 couples (182 individuals) in Minneapolis to more than 2,100 individuals in Atlanta.

The racial and marital status of participants served during the period covered by the data also varied across demonstration sites, influenced by differences in the populations and geographic areas targeted by each site. As shown in table ES-2, Black participants as a share of all participants ranged from 96 percent in New Orleans to 18 percent in Lexington and 8 percent in Denver. In both Lexington and Denver, the majority of participants were White (69 percent and 58 percent, respectively). The participants in Minneapolis were the most racially diverse, with 34 percent Black, 14 percent Hispanic, and 49 percent White. The marital status of participants when they entered the programs varied widely as well, from 0 percent married in Minneapolis to 17 percent in Atlanta, 25 percent in New Orleans, 39 percent in Denver, and 50 percent in Lexington.

Table ES-2. Race/ethnicity and marital status of participants

	Minneapolis	Lexington	New Orleans	Atlanta	Denver
Race/ethnicity					
Black	34%	18%	96%	13%	8%
Hispanic	14%	2%	0%	10%	16%
White	19%	69%	0%	1%	58%
Missing data	33%	11%	4%	75%	18%
Marital status					
Married	0%	50%	25%	17%	39%

[6] Several of the demonstration sites experienced challenges in collecting, entering, and storing participant data in their respective management information systems. Because of these challenges, and the fact that the data were collected before service provision had ended, the characteristics discussed in this executive summary cannot necessarily be considered representative of all participants.

A large share of participants had contact with the child support system. At the beginning of the demonstrations, 61 percent of participants in Minneapolis had a record in the child support system. For the remaining sites, perhaps driven in large part by the variation in the populations served, the proportion with a child support record was 20 percent in Atlanta, 23 percent in Lexington, 31 percent in Denver, and 53 percent in New Orleans.[7]

Overview of Program Implementation

In this section, we describe differences in how the sites (1) teamed with partners to engage the community in their demonstration activities, (2) differed in the scale and intensity of the services they provided, (3) delivered services, and (4) established relationships with State child support enforcement offices.

Community Engagement and Partnerships

Each of the five demonstration sites took a distinctive approach to engaging the local community in demonstration activities or goals, including achieving child support objectives. In all five demonstration sites, a partnership between a nonprofit organization and the State child support office oversaw the demonstrations. These initial partnerships were established to help organize and manage the program, but sites varied in the extent to which they formed and leveraged additional partnerships (see table ES-3 for details).

Some sites established broad-reaching coalitions with a number of partnering organizations and leveraged those partnerships to work toward their objectives. In the Lexington demonstration, for example, leaders were able to engage a large number of new community organizations in local coalitions focused on healthy marriage and relationship issues. The lead organizations hosted large-scale community events and conducted quarterly in-service training workshops attended by organization staff. In Atlanta, demonstration leaders also had a strong focus on community engagement efforts, resulting in community partnerships that attracted volunteers who were trained to conduct educational workshops, promote the objectives of the demonstration within the community, and serve as recruiters. In addition, these community partnerships participated in and supported community awareness campaigns on the relationship between healthy marriage and child well-being. In New Orleans, TCA, the lead organization, used existing relationships with various community organizations to enhance its ability to recruit participants and perform outreach and awareness activities.

Some sites were less active in engaging and establishing community partnerships or coalitions. Minneapolis's plan did not entail using community coalitions. Similarly, the

[7] Data were drawn from the management information systems at each demonstration and matched with State child support IV-D records. With the exception of Minneapolis, sites were not able to match all records. As a result, the percentages shown here are based on a portion of participants that may not be representative of all participants.

Denver demonstration relied on existing linkages with other community service providers to support recruitment efforts, without establishing new or formal coalitions.

Table ES-3. Number of partners and nature of the partnerships for each demonstration site

Site	Number of partners	Description of partnerships
Minneapolis	4 partners	This partnership was mainly between the Minnesota Department of Human Services Child Support Enforcement Division and the University of Minnesota's Department of Family Social Science.
Lexington	43 partners	This partnership was formed through signed agreements between the Bluegrass Healthy Marriage Initiative and partners.
New Orleans	31 partners	Total Community Action used existing relationships to build this partnership.
Atlanta	73 partners	Partnerships were developed across six sites statewide specifically for the Georgia Healthy Marriage Initiative.
Denver	No formal partners	This partnership relied on existing Family Resource Center networks of relationships for recruitment and referral.

Scale and Intensity of Services

The number of participants served and the intensity of programming varied widely by site. The number of participants ranged from about 200 in Minneapolis and New Orleans to more than 2,100 in Atlanta. Because these demonstrations were intended to explore the promise of relationship-strengthening approaches to improving child support outcomes, each had its own specific approach. Some approaches involved a very intense, year-long engagement with a smaller number of couples (Minneapolis), whereas others involved shorter classes or workshops for a larger number of people (e.g., Atlanta). In addition, as is typical when implementing new approaches, some sites faced more challenges than others in recruiting and retaining participants.

In Minneapolis, there were no minimum hours of programming and facilitators conducted in-home coaching for a full year. In Lexington and Atlanta, the number of class hours per participant (16 hours) was approximately the same as in New Orleans, although the former two sites served significantly more participants. In New Orleans, the program involved an 8-week commitment of participating in 2-hour classes. In Lexington, participants could take 16 hours of classes over a 2-day period. Atlanta offered several different curricula, which differed in terms of hours and number of weeks. Denver, which served nearly 600 individuals, permitted partners to offer programs with a wide range of possibilities, some as little as 3 hours per week for only a few weeks.

Service Delivery

All five demonstration sites built in a flexible approach to their HMR training, with the curricula and personnel varying widely. Minneapolis, with its in-home coaching model, allowed facilitators to choose from several different curricula to address the needs of participants and did not require specific class formats. Denver's decentralized service approach allowed local FRCs to choose from several HMR curricula, which varied in the number of weeks per class and the number of hours spent with participants each week. Atlanta provided facilitators with training and access to 14 different curricula, but specified a minimum number of hours for each curriculum. Facilitators in Lexington used one of two curricula, but adjusted the class format depending on the needs of participants. Lastly, New Orleans used only one curriculum, but allowed facilitators flexibility to alter some components of the curriculum to better fit the needs and questions of participants.

Provision of referrals and wrap-around services also varied at each demonstration site, largely because of the capacities of the lead organizations. The demonstrations in Denver and New Orleans were both led by organizations that had the capacity to provide an array of additional support services. The design of the demonstration in Minneapolis was better-suited to providing referrals to other organizations that would provide additional support to participating couples. Although Lexington and Atlanta both established large community partnerships to help achieve HMR–related service delivery goals, both were challenged by the effort to leverage those relationships to ensure that their partners were able to refer participants to other necessary services.

Links with Child Support

The State child support agency was the official fiscal agent and administrative authority responsible for the demonstration in each location. Notwithstanding this formal designation, the five demonstration sites varied in the level and type of involvement with child support enforcement offices.

Throughout the program period covered by this report, the Minneapolis demonstration, which served unmarried parents, had a very close partnership with the State child support enforcement office. This partnership allowed facilitators to learn about child support issues and policies, as well as to effectively answer participants' child support questions. New Orleans, which also had a close working relationship with child support, used its assessment process to screen for child support issues and make any necessary referrals. In Atlanta, it was more difficult for the newly created nonprofits dispersed in multiple counties to establish strong partnerships with local child support agencies. As a result, facilitators primarily provided participants with general child support information. In Lexington, the dispersion of service delivery also may have contributed to a limited partnership with the local county attorneys' offices responsible for child support. Turnover in the position designated as the liaison between the demonstration staff and the child support

enforcement office in the Denver demonstration resulted in limited linkages with the child support system during the study period.

Summary

The core services of each site are summarized in table ES-4.

This review of the implementation of five Section 1115 demonstration sites found that local demonstration sponsors were able to mount sizable initiatives to teach individuals and couples healthy relationship and marriage education skills and provide related services. Large numbers of married couples and unmarried individuals and couples have attended classes and other activities to improve their relationships. The demonstration programs have, to date, served a racially diverse group of low- to moderate-income individuals.

The demonstration leaders have involved many other organizations in support of their goals. They used existing networks or formed new coalitions of partners to help identify and refer individuals and couples for demonstration services or to meet the needs of individuals or couples referred to them by demonstration staff. Partners also supported community awareness campaigns on the relationship between healthy marriage and child well-being, and they were a source of volunteers who served in various roles, including conducting classes and workshops.

Documentation of the approaches and experiences of the leaders and staff within these demonstration programs may provide useful guidance to others interested in implementing similar or different services with similar service delivery models.

Table ES-4. Core services provided in demonstration sites

Site	Model of service delivery	Curricula	Class dosage / requirements	Additional services / referrals
Minneapolis	In-home coaching tailored to identified needs; monthly group meetings	▪ Family and Democracy Model ▪ PREPARE ▪ PREP ▪ John Gottman materials	▪ 1 year in-home coaching ▪ No minimum hours ▪ Monthly "Couples Connection" meetings	▪ Domestic violence screening ▪ Needs assessment ▪ Discounts for family therapy ▪ Housing service referrals ▪ Parenting education referrals ▪ Child support referrals ▪ Mental health referrals
Lexington	Direct service delivery from IDEALS, which is a nationally known HMR provider	▪ Mastering the Mysteries of Love ▪ Love's Cradle	▪ Preference for 16 hours over 2 days, but facilitators are flexible ▪ No minimum hours or format required	▪ Domestic violence awareness information ▪ No formal needs assessments ▪ Distribution of child support information
New Orleans	Case management model provided through TCA	▪ Fragile Families	▪ Weekly 2-hour classes for 8 weeks ▪ Attendance at 6 of 8 classes required for graduation	▪ Head Start ▪ Dropout prevention ▪ Domestic violence prevention training ▪ Housing/weatherization assistance ▪ Asset building ▪ Domestic violence referrals ▪ Child support referrals
Atlanta	Train-the-trainer model to provide community partners with trained HMR facilitators	▪ Access to 14 different curricula, tailored to the needs of the community	▪ From 6 to 8 hours to 16 to 18 hours, depending on the curriculum ▪ Minimum of 6 hours	▪ Domestic violence protocol ▪ No formal linkages to other services ▪ Certified trainers are provided with information about other services, including financial assistance and addiction support groups
Denver	Local FRCs manage service delivery and facilitate HMR classes	▪ CORE Communication ▪ Couple Communication ▪ Fragile Families	▪ 1.5–3 hours ▪ 1–10 weeks, depending on location and curriculum ▪ Graduation requirements differ across FRCs	▪ Domestic violence screening ▪ Even Start programs ▪ Parenting classes ▪ Paternity referrals ▪ Prenatal counseling referrals ▪ Employment referrals

NOTE. FRC = Family Resource Center; HMR = healthy marriage and relationship; IDEALS = Institute for Development of Emotional and Life Skills; TCA = Total Community Action.

1. INTRODUCTION

1.1 The Community Healthy Marriage Initiative Demonstration and Evaluation

The decline in marriage and associated two-parent families in the United States continues to complicate efforts to reduce child poverty. One-third of all children live in one-parent families, and nearly 40 percent live away from at least one biological parent. More than 50 percent of poor families with children under 18 are headed by single women.[1]

Evidence from the Fragile Families and Child Well-Being Study has revealed that many individuals who become and remain unmarried parents initially plan to marry but do not. More than 80 percent of the mothers in this study reported living with and/or being romantically involved with the baby's father at the time of birth and reported a high likelihood of marrying. However, very few of the unwed couples were married 1 year later. Unmarried parents of newborn children cited financial concerns, relationship problems, and timing issues as the most common obstacles to marriage (Gibson et al., 2003). These and other findings suggest that many couples who have recently had children or who have not yet had children might be influenced by a mix of marriage-related activities and services to improve the long-term stability of their relationships. In addition, there is a research base showing that marriage education can strengthen the relationships of married couples, yielding improved relationship quality and stability (Carroll and Doherty, 2003).

Building on these findings and recognizing the importance of healthy marriages and parenting, in 2002 the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), began a program of research and demonstrations aimed at determining the potential effectiveness of offering an array of marriage-related activities, especially those aimed at teaching individuals and couples the skills shown to be correlated with healthy marriage and healthy relationships. One of the projects that originated from this effort is the Community Healthy Marriage Initiative (CHMI).

As part of CHMI, the ACF Office of Child Support Enforcement (OCSE) awarded Section 1115 demonstration waivers to State child support enforcement agencies that authorized Federal funding, as a match for non-Federal funds, to support demonstrations involving a range of State and local partners to develop and provide healthy relationship and marriage services and related activities. The goal was to improve the financial well-being of children or otherwise improve the operation of the child support program. Specifically, the Section 1115 CHMI projects are designed to leverage efforts of local community partners to develop programs that support healthy relationships and marriages; healthy family functioning; and child support enforcement objectives, including parental responsibility and the financial well-

[1] http://pubdb3.census.gov/macro/032006/pov/new03_100_01.htm

being of children. The Section 1115 child support waiver awards are granted to the State child support agency, which is responsible for funding and overseeing the activities of the local demonstrations. All entities funded under the waiver are required to ensure that participation in demonstration services is voluntary and to collaborate with their local domestic violence providers to develop appropriate screening and referrals procedures.

The goal of this study is to describe the nature of the OCSE Section 1115 demonstrations to inform ACF and interested stakeholders about the development and implementation of the approaches to programming, the characteristics of these initiatives, recruitment and outreach strategies, targeting efforts, and innovative approaches for linking child support with healthy relationship and marriage support activities. This report presents a description and analysis of the implementation of Section 1115 waiver demonstrations in Minneapolis, MN; Lexington, KY; New Orleans, LA; Atlanta, GA; and Denver, CO.[2] The report does not include an assessment of the impacts or effectiveness of program services.

Characterizing the approach in these five pilot sites with respect to healthy marriage, healthy family, and child support activity is a challenge. Each demonstration is unique because it emanates from a participative community process and program structure. In this section we provide information on how the data were collected for this report as well as additional background information on 1115 CHMIs. Beginning with chapter 2, each succeeding chapter describes a specific demonstration program, respectively: the Minnesota Healthy Marriage and Responsible Fatherhood Initiative in Minneapolis; the Bluegrass Healthy Marriage Initiative in Lexington, Kentucky; the Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative in New Orleans; the Georgia Healthy Marriage Initiative in Atlanta; and the Colorado Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative in Denver.

1.2 Methods for Obtaining Information

To examine how each of the 1115 demonstration projects operated and how each formed and maintained community coalitions, project staff collected information from a variety of sources. The primary qualitative methods included

- semi structured, in-person interviews conducted during site visits with individuals involved in the support and operation of site activities;
- ongoing documentation of implementation activities based on regular monthly telephone calls initiated by OCSE/ACF with site staff to provide status updates;
- review of written and audiovisual materials relevant to the planning, implementation, and ongoing operation of the demonstrations; and

[2] A series of reports is being produced on the implementation of 14 Section 1115 projects. Earlier reports covered the implementation of demonstrations in five locations: Boston, Massachusetts; Chicago, Illinois; Grand Rapids, Michigan; Jacksonville, Florida; and Nampa, Idaho.

- group interviews with current and recent participants in sponsored marriage-education services.

Teams of two researchers conducted the site visits. The Minneapolis site visit was conducted in October 2008; Denver site visit was conducted in November 2008; the Lexington site visit took place in November 2008; the New Orleans site visit took place in February 2009; and the Atlanta site visit was conducted in June 2009. Semi-structured qualitative interviews were completed with a number of individuals involved in each of the projects, from the founding members to the leadership team and direct service providers. In addition, RTI staff interviewed marriage education facilitators and participants to obtain information about the curriculum and classroom dynamics.

Site visitors used prepared discussion guides to conduct the interviews. The semi structured nature of the interview guides was designed intentionally to allow maximum flexibility in tailoring discussions to the different perspectives of respondents while still ensuring that key topic areas of interest across demonstrations were addressed.

In addition to the site visits, staff reviewed written and audiovisual materials relevant to the planning, implementation, and ongoing operation of the demonstrations. Staff also learned about ongoing site activities by participating in monthly project calls led by ACF staff.

Quantitative data on participants came from each site's Management Information System (MIS). Where data were available, tabulations from the MIS provide a quantitative portrait of the demographic characteristics and service use of project participants. In cooperation with the child support enforcement agencies in Minnesota, Kentucky, Louisiana Georgia, and Colorado, the project team obtained information on participants with children who had child support involvement.

Much of the information presented in this report is based on the reports and information gathered during the site visits in 2008 and 2009; however, where information is available we have updated the report to reflect the more recent activities in the sites. This report provides a snapshot of the constantly evolving and developing community initiatives. Because program operations had not yet ended, or even reached full capacity, at the time of the site visits and data collection, the information presented in this report should be viewed as preliminary, reflecting early to steady–state implementation experiences.

Each section of the report has a similar structure and addresses the following aspects of each initiative:

- introduction (target population and geographic scope, funding, organizational structure and staffing, and policy environment)
- program planning and design phase
- program planning and design changes

- initial operations and services
- participant characteristics and experiences
- conclusions

2. THE MINNESOTA HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD INITIATIVE

2.1 Introduction

The Minnesota Healthy Marriage and Responsible Fatherhood (HMRF) Initiative's Family Formation Project (FFP) targets improving child well-being, child support, and healthy marriages and relationships among unmarried couples in committed relationships who recently had a child together, have established paternity, and live in the greater Minneapolis/St. Paul metropolitan area. The FFP's core service delivery approach is based on intensive in-home marriage and relationship education (MRE) and coaching; group educational events; and referrals to social service agencies to address multiple needs, including employment, housing, couples counseling, domestic violence, or help with child support enforcement services.

This demonstration project is a partnership between the University of Minnesota's Department of Family Social Science and the Minnesota Department of Human Services' (DHS) Child Support Enforcement Division (CSED). The Minnesota HMRF Initiative received a 5-year Federal Child Support Enforcement demonstration Section 1115 waiver in mid-2004. Recruitment for services began in summer 2005, after securing the required State funding match and receiving approval of the research protocols by the Institutional Review Boards (IRB) at the university and the State. After implementation barriers were addressed and the service approach revamped, service delivery to couples began in early 2006. At the time of the site visit, the project was in the last year of funding, winding down service delivery and preparing research and evaluation findings.

Minnesota's family policy environment, as described by key informants, is generally supportive of FFP program operations. For example, to provide direct policy support, the State passed legislation earmarking $5 of the $110 marriage license fee to be deposited in the general revenue fund.[1] This funding provided the DHS with the matching funds required for demonstration projects funded by Section 1115 authority.

In addition, in support of marriage education services, the State passed a law reducing the marriage license fee from $110 to $40 for couples who attend at least 12 hours of premarital education that includes a premarital inventory and information about communication and conflict resolution skills. To qualify for the $70 marriage license discount, couples are required to take classes from a licensed professional, such as a marriage and family therapist or an ordained minister. Upon completion of 12 hours spent in HMRF services, program participants are eligible for this fee reduction if they decide to marry.

[1] https://www.revisor.leg.state.mn.us/statutes/?id=517.08&year=2008

The strong support of the DHS/CSED also bolstered program operations. Historically, the CSED has provided support services to noncustodial parents to help gain employment and meet their financial obligations, to establish programs encouraging responsible fatherhood, and to participate in early welfare and child support demonstration projects such as Parents Fair Share.[2] According to interviewees, the CSED staff actively participated in the project and provided staff time and resources during times of fiscal constraints. Key DHS staff viewed the new university partnership focusing on couples-based services as an important initiative providing needed services to help improve relationship quality and communication to couples who participate in or are at risk of participating in child support enforcement programs. In addition, the FFP also helped the DHS to increase agency awareness about family and economic challenges experienced by couples as well as service needs across multiple programs, such as Temporary Assistance for Needy Families (TANF) and Women, Infants, and Children (WIC).

2.2 Program Planning and Design Phase

Project Goals and Objectives

Overall, Minnesota has a lower rate of unmarried parenthood than most other States. Although the State as a whole ranks lower in unmarried births, the two counties primarily targeted by the FFP have higher rates of out-of-wedlock births than all other Minnesota counties. In Hennepin County, for example, 31 percent of births are to unmarried women and in Ramsey County, 41 percent of births are to unmarried women. These figures compare with 27 percent of births to unmarried women in all other Minnesota counties and 36 percent nationally.[3]

Given the high rate of unmarried parenthood in the two target counties, the overall goals of the intervention include promoting child well-being by improving child support outcomes and helping unmarried couples achieve healthy relationships and marriages. Specifically, as detailed by the Section 1115 demonstration waiver awarded to the site, the project goals and objectives are

- to increase paternity establishment and enhance child support performance indicators (order establishment, payment of child support, and payment of arrearages);
- to promote healthy marriages among unmarried new parents who say marriage is a goal;
- to promote responsible fathering;

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[2] Ford Foundation. (1994). Innovations in state and local government. Minnesota: Parents' Fair Share Anoka County, Minnesota. Retrieved March 11, 2010, from http://www.fordfound.org/archives/item/0291/text/015

[3] Unless otherwise noted, statistics included in this paragraph are drawn from the following report: Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. *The marriage measures guide of state-level statistics.* Retrieved March 1, 2010, from http://aspe.hhs.gov/hsp/08/MarriageMeasures/tables.shtml#Minnesota

- to enhance the financial and psychological well-being of children;
- to encourage community support for marriage and family formation; and
- to recruit, train, and serve 100 low-income unwed couples over age 18.

Planning and Design Changes

Founded on the *Families and Democracy Model*,[4] a conceptual and research model developed by family scientists at the University of Minnesota, the FFP is based on community organizing principles. This approach first engages key stakeholders and citizens in defining the problem and developing a core community leadership group that participates in all aspects of the intervention, including design, implementation, and evaluation. The model allows for participant and community feedback in the initial planning and implementation stages, which can inform service innovation and program redesign. To improve the potential for program stability, the overarching goal is to establish community participation and ownership.

The original FFP service delivery approach focused on the development of a mentoring model. In consultation with university-based family professionals, married couples would provide education and support to unmarried couples who had recently had a child and who were interested in maintaining their relationships. A core group of mentor couples, the leadership group, would provide input into program design.

During the community engagement process, however, challenges were identified that affected both the demand and supply of services. For instance, interviews with unmarried couples highlighted their isolation from role model couples and friends who were married, but the project found that the economic needs and family crises among unmarried couples often outweigh the demand for mentorship and educational services. These crises frequently interrupted or led to missed scheduled meetings with mentors. Additionally, although university staff have strong connections to community institutions, churches, and professional networks, the project encountered a limited supply of health and social service professionals as well as faith communities willing to engage in recruitment of unmarried couples or develop marriage mentoring programs. Some providers expressed concern about the explicit focus on marriage among new parents who are often struggling economically.

To respond to these initial challenges, the FFP design changed from a community service delivery approach that facilitated the matching of mentors to unmarried couples to a university-based, one-on-one coaching and monthly group meeting service delivery approach implemented by clinicians. The main service delivery changes included widening

[4] Doherty, W. J. & Carroll, J. S. (2002). The Families and Democracy Project. *Family Process, 41*, 579–589. Retrieved November 5, 2009, from http://www.cpn.org/topics/families/pdfs/Families_and_Democracy.pdf

the geographic scope of service delivery, loosening initial eligibility requirements to reach a broader group of unmarried couples, and dropping the formal mentorship program.

Thus, the FFP retained some of the original components by (a) engaging a "partnership couples group" of married couples that participated in the initial mentoring effort and provided input into the redesign and (b) forming a "participant leadership couples group" nominated by project staff to take leadership roles and propose topics for the monthly group meetings. Project staff engaged the two groups of couples to provide input at key decision points for the mentoring program.

Key Partners and Community Coalition

As noted above, the FFP is a new partnership between the DHS/CSED and the University of Minnesota's Department of Family Social Science. Before the grant, the two core partners responsible for the FFP had not worked closely together. Although this was a new partnership, both partners had experience with implementing and evaluating program interventions targeting parents and unwed fathers. This partnership is sustained through weekly project meetings. Attendance by CSED staff at meetings allows project staff to quickly get answers to couples' child support questions and address issues as they arise. CSED staff have also gained insight into economic and child support issues faced by unmarried couples.

The FFP was not designed to include a formal community coalition to participate in service delivery. Rather, the FFP aimed to engage community members and organizations to help by becoming mentors, recruiting couples, and serving as referral sources. Catholic Charities provides the meeting space and childcare facilities for the monthly couples seminars, and the Tubman Family Alliance provides referrals if domestic violence is identified. The FFP does not use memorandums of understanding (MOU) to secure commitments from organizations to help with recruiting and referrals. In the beginning of the project, the Principal Investigator (PI) sometimes conducted educational seminars at no cost for these organizations to help build relationships and motivate recruitment.

The project's primary community stakeholders are the "partnership couples group" and the "participant leadership couples group." Consisting of a small core group of four married couples who meet monthly with project staff, the partnership couples group serves a dual role by advising on the details of program design and providing one-on-one couple mentoring when requested. These mentor couples take what they have learned from this project into their own professional and church settings to help educate their congregations and other service providers about marriage education services and the specific needs of unmarried couples. The participant leadership couples group consists of couples in the program nominated by project staff to provide feedback about specific program issues, such as mentoring, and to provide input into couples group events. During the course of the project, 10 percent of participants (about 10 couples) were members of the participant

leadership couples group. The number of couples in this group varied depending on when couples started and finished program services.

Organizational Structure and Staffing

The Section 1115 demonstration waiver was awarded to DHS/CSED. The State subcontracts service delivery to the University of Minnesota. Because a State CSED staff member regularly attends project meetings and responds to general child support questions, county CSED offices are contacted only to provide assistance with specific cases, such as a modification of orders or arrearages owed to the State. Having a State CSED staff member attend weekly project meetings helps the Family Formation Coordinators (FFCs)—graduate students at the university who are social workers or licensed marriage and family therapists experienced in working with diverse populations in clinical settings—answer couples' child support questions quickly.

At the University of Minnesota, the Principle Investigator of FFP is a nationally recognized leader in marriage and parenting education and a licensed marriage and family therapist who provides overall direction for the project and leads the research study. The project team consults with a licensed marriage and family therapist specializing in fathers, domestic violence, and African American families. Involved initially with project design, conducting key informant interviews, and providing additional training to the FFCs, the clinical expert currently provides consultation about domestic violence issues as needed.

The FFP also has a Program Coordinator who is responsible for the day-to-day administration and management of program operations, ranging from making the initial contact with participants to organizing monthly couples' events. A graduate research assistant is responsible for data input and management. A part-time social worker, known as a Community Resource Specialist (CRS), makes referrals for couples to social services available in the community.

Direct, one-on-one, intensive relationship coaching and marriage education services are provided to couples by the FFCs. The number of FFCs working with couples ranged from five to nine over the course of the project. There is turnover among FCCs as they move through the graduate program, although some of the FFCs have made a long-term commitment to the program.

Target Population

To achieve positive outcomes in child well-being and parents' child support and marriage outcomes, the FFP targets service delivery to a subgroup of unmarried parents who recently gave birth. These couples are termed "fragile families" because research shows that they are initially interested in maintaining their relationships, but they continue to evaluate the future of their relationships after their child is born. Children living in fragile families are at

greater risk of living in poverty and experiencing family breakups than are children living in married families.[5]

The group of unmarried parents targeted by the FFP is unique because they must be couples who have established paternity, are in committed relationships at intake, and express an interest in learning more about marriage. The project set a target objective of serving 100 unmarried couples.

Couples eligible for services must be over the age of 18, speak English, and live in the greater Minneapolis/St. Paul metropolitan area. The primary geographic target includes Hennepin and Ramsey Counties, which encompass the cities of Minneapolis and St. Paul. Three adjoining suburban counties were added midway through the project as recruitment efforts expanded.

Summary

Although the FFP started with a strong conceptual framework of community engagement and had extensive ties to professional and social service networks, several challenges were identified and needed to be addressed in the startup phase. Programming originally designed to be a community-based mentoring approach shifted to a one-on-one intensive service delivery approach that also included opportunities for group events and learning. The limited base of recruitment for participants at local health clinics and birthing hospitals, given the specific eligibility requirements, and the shortage of identified mentor couples from churches and other neighborhood institutions, were formidable barriers to program operations. The shared commitment of CSED and the University of Minnesota to experiment with program design that would best reach the target population, strong research skills to document changes in service delivery, and close geographic proximity of the university to State offices facilitated face-to face communication and allowed the program to develop programmatic solutions in response to these startup challenges.

2.3 Initial Operations and Services

Recruitment Strategies

Beginning in summer 2005, couple recruitment commenced in a small number of hospitals and health clinics serving some of the lowest-income neighborhoods in Minneapolis. The Project Coordinator and the FFCs conducted eligibility screenings in clinic waiting rooms. The FFP staff found this initial strategy to be time-consuming and ineffective in enrolling a large number of eligible couples. Thus, recruitment efforts expanded to include a broader network of social service agencies, health departments, and churches. In addition, a $70 cash incentive was offered to encourage participation. Including a larger group of agencies

[5] The Fragile Families and Child Wellbeing Study. (2000). Research Brief. Retrieved November 5, 2009, from http://www.fragilefamilies.princeton.edu/briefs/researchbrief1.pdf

in the recruitment effort increased the target geographic area to include two ZIP Codes in Minneapolis and St. Paul. These efforts resulted in more couples' being recruited, although not nearly enough to reach the target goal. Furthermore, the project contracted with Catholic Charities to pay staff to recruit for the FFP from parenting programs; however, because of staff turnover at the agency, this strategy was not successful. Combined, these recruitment efforts resulted in the enrollment of only one-fifth of the 100 couples proposed to be served from the summer of 2005 to September 2009.

A more effective recruitment strategy grew out of the FFP's working relationship with CSED staff, who queried multiple databases to generate address lists of unmarried couples who had recently signed the State's affidavit acknowledging paternity called the recognition of paternity (ROP) form. Building on the idea that the "magic moment" when children are born is the time when unmarried couples may be most receptive to family formation services, staff sent multiple direct mailings of FFP brochures to an expanded geographic area that included five counties in the greater Minneapolis/St. Paul metropolitan area. Although this strategy yielded 78 couples who enrolled in the program (80 percent of program participants), staff noted that this approach required a high-volume mass-mailing approach, which yielded only a small number of participants—a 3 percent overall response rate.

Because of concerns raised by service providers about how the marriage message could potentially be discouraging program participation, the project conducted a randomized experiment that varied whether the brochure contained direct references to "healthy marriage" as opposed to "healthy relationships." The FFP found that the two brochures did not differentially affect enrollment. Preferring to focus on marriage education, the project decided to retain the "healthy marriage" language in all outreach materials.

Reflecting on the project's recruitment challenges, staff noted the lack of a prior relationship with hospitals and clinics to undertake passive recruitment on a sensitive topic, such as marriage. Additionally, new patient privacy rules through the Health Insurance Portability and Accountability Act (HIPAA) precluded clinic staff from developing lists of unmarried couples to streamline FFP's recruitment efforts. Hospital and social service staff members also expressed skepticism about marriage education. Furthermore, according to interviews with FFP staff and information from screening documentation, because of greater concerns over economic troubles, many unmarried couples did not express immediate interest in educational services.

Intake and Screening

After couples are accepted into the program, the Project Coordinator assigns an FFC to a case. Matching couples with the FFCs is based on availability and caseload. The FFC conducts an in-home informational meeting, which both members of the couple are required

to attend. Once both members consent to participate, the FFC administers a comprehensive survey to each partner separately about couple relationships and attitudes.

Soon after the first in-home meeting, the FFC begins service delivery with a needs assessment, called a Resource Inventory, which catalogs couples' current and past resource use, including names of programs and case managers. Unmet and anticipated service needs also are assessed, including income maintenance, housing, food and clothing, education and job training, child services, family services (including domestic violence), health/medical, mental health care, legal services, transportation, recreation, and other support services (e.g., mentor, church support groups). The CRS contacts couples to work one-on-one with them to make appropriate referrals (see section on Linkages to Other Services).

Curriculum and Service Delivery

The educational component of the FFP is guided by the principles from the Family and Democracy Model, a bottom-up approach that allows couples' significant input into the service strategy. In general, the FFCs provide individualized coaching that is delivered at couples' homes (or another location of the couples' choosing) for a 1-year period. Each couple works with an FFC on a specialized educational program designed to address couples' stated relationship needs. Other than the 1-year meeting period, there are no specific program requirements in terms of educational curriculum and hours. In addition to the individual coaching, couples are invited to meet in a group and attend monthly educational workshops facilitated by the PI and the FFCs.

The program's generalized approach seeks to understand the perception of the relationship for each member of a couple, to have the couple define what they would like to work on, and to provide tailored educational materials and coaching. In regard to child support as a specific educational component, educational materials on this topic are provided to couples if the issue arises or they request information.

As part of the formal training for the FFP program provided at the beginning of the project, seven of the nine FFCs received training in the PREPARE[6] inventory assessment and scoring. According to the project staff, the FFP hired only FFCs with graduate degrees in marriage and family therapy and prior experience with serving couples, on the basis of the PI's professional experience and conclusion that these qualifications prepared all the FFCs to provide couples education. Therefore, the FFP project did not provide any other formal training in specific curricula.

[6] Life Innovations, Inc. (2009). Overview of PREPARE/ENRICH. Retrieved November 5, 2009, from https://www.prepare-enrich.com/webapp/pe_main/mainsite/about_us/template/DisplaySecureContent.vm;pc=1254434155575?id=pe_main_site_content*pages*about_us*public*PEOverview.html&xlat=Y&emb_org_id=0&emb_prp_id=0&emb_unq_id=0&emb_lng_code=ENGLISH

Because communication and conflict resolution issues arise for nearly all couples, the FFCs typically use a combination of PREP speaker-listener techniques[7] and a variety of educational materials developed by John Gottman, such as the sound marital house and love maps.[8] As clinicians, the FFCs also may recommend other resources based on their own knowledge, from parenting education materials to self-help books.

Each FFC has his or her own style and method of working with couples. One FFC, for example, starts with the PREPARE inventory assessment, which may point to particular issues that the FFC addresses with coaching and specific educational materials. Some couples prefer a structured curriculum that indicates the content of each meeting in advance. Other couples may start off with economic crises that outweigh relationship issues, in which case, the couple begins more intensive work with the CRS before the educational component.

All of the FFCs interviewed agreed that the flexibility to adapt the educational materials on the basis of couples' personalities and needs increases the responsiveness of services delivery. For instance, one FFC described how the stepwise communication outlined in one curriculum did not resonate with a couple that demonstrated more spontaneous displays of emotion and feelings. In this case, the FFC had the flexibility to switch to another curriculum that seemed a better match for the couple's communication style.

The FFCs are expressly directed to focus the one-on-one sessions on education rather than on providing long-term or intensive therapy.[9] These services include providing information and advice about topics that couples are interested in learning more about, engaging in collaborative problem-solving with couples about their relationships, and concentrating on specific relationship issues for only short periods. Because the FFCs are therapists or social workers, they can assess when a referral to other mental health providers is appropriate. For example, one FFC found that a member of a couple was exhibiting bipolar symptoms and suggested a referral to an appropriate mental health provider. FFCs found that there were times when couples faced crises that required an intensive therapeutic intervention. In these specific situations, FFCs provided brief supportive therapy and then referred couples for individual or couples' counseling as appropriate.

If couples break up, the FFCs attempt to meet with both members of the couple, either separately or as a couple, to gather information about the couple's relationship status and,

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[7] PREP, Inc. (2009). The PREP Curriculums: PREP, Christian PREP, Within My Reach, and Within Our Reach. Retrieved November 5, 2009, from http://www.prepinc.com/main/about_us.asp

[8] The Gottman Institute. (2004). The Gottman's Workshop for Couples – Now on DVD and Video. Retrieved November 5, 2009, from http://www.gottman.com/marriage/video_workshop/

[9] Based on Doherty's (1995) level of family involvement model, which rates levels of professional involvement in family interventions as a Level 1 (minimal) to Level 5 (therapy), FFCs are directed to provide Level 3 (traditional group education classes) or Level 4 interventions (tailored sessions that can address specific family issues). Doherty, W. J. (1995). Boundaries between parent and family education and family therapy: The levels of involvement model. *Family Relations, 44*, 333–358.

if appropriate, to help both parents to stay in the program together or separately to work on co-parenting relationships. In certain cases, couples may break up multiple times and the FFC attempts to help them identify and work through some of the issues leading to conflict and to develop helpful communication strategies. However, the primary focus is on how couples can continue to work together to take care of their children.

An additional program component instituted midway through service delivery is monthly Couples Connections events to give couples the chance to engage in group learning about the challenges that couples face and to draw on the wisdom of the group to discuss strategies. On-site childcare and transportation are provided. Acting as facilitator, the PI will start by discussing a preselected topic, such as finances. Couples then split up from each other and go into different groups. Each group includes an FFC to discuss communication issues around finances and report back to the whole group about identified issues. The group also engages in a fishbowl exercise, where couples from the participant leadership couples group and partnership couples group discuss how they resolve conflicts surrounding the topic. Unmarried couples have the opportunity to ask the married couples questions directly and understand how they overcome adversity and conflict. Project staff reported that men especially seem to like the group experience, particularly talking to and observing married men who gave specific examples of how to positively communicate with their wives during conflicts.

Domestic Violence Referrals

In consultation with their domestic violence (DV) agency partner and the grantee technical assistance provider, the project team developed a protocol to provide a framework for identifying DV issues, the process for making appropriate referrals, and the criteria for program participation. The DV agency partner encouraged the project to work with couples who had some previous DV issues if they were willing to take responsibility for past behavior, discuss DV history, and were not at high risk for future DV. To review any DV issues identified at the assessment or during the FFC meetings, and to make decisions about how to address them, the project formed a core group of staff called the Safety Team made up of the PI, the expert consultant, and one FFC who has experience working with DV clients. Because FFCs are trained clinicians, no additional training in DV is provided by the project.

During the FFC's initial assessment, DV screening questions are included as part of the larger intake interview. If participants respond affirmatively to any of the DV risk questions during assessment or discuss violence with respect to communication and relationships during services, the FFC refers the case to the Safety Team for review.

The Safety Team's response is based on the circumstances of each situation. This can include the denial of admission to the project for high-risk couples or a coordinated admission for couples who present with DV issues but do not report fear and danger. All

couples have the opportunity to meet with the Safety Team and a counselor from a referral agency to determine whether and when they would be eligible for services. In cases that present a high risk of DV, couples must commit to attending DV services designed to help improve and manage conflicts before they begin services.

The project reported that nine couples were screened out at intake as high-risk DV cases. These couples were required to complete a DV program before FFCs could work with them. One couple was allowed to start services on a conditional basis after agreeing to take responsibility for DV and working with the DV agency partner before enrollment in the program. Staff identified DV issues with one couple after beginning service delivery, decided to stop working with them, and provided referrals to therapy and DV services.

Linkages to Other Services

Linking couples to community-based support services is aimed primarily at reconnecting couples with programs that have served them in the past or connecting them with new resources as needed.

Upon completion of the Resource Inventory, the CRS develops a tailored service plan for couples that includes connecting with community case managers to coordinate services and providing immediate help to link participants to agencies or organizations that help address crisis situations. The FFP does not have a budget to provide direct support services.

Involvement of the CRS is greatest at intake and at the 1-year assessment. During the 1-year period that couples are served, the CRS provides a bridge to the social service community and tracks all referrals, referral sources, and services provided for each participant. No contact letter with clients or agencies is generated, and there is one follow-up telephone call with clients. On average, three referrals are made weekly.

Addressing economic and housing crises are the most common services provided to FFP couples. Assistance includes contacting agencies to help couples obtain one-time cash assistance to help with eviction, first month's rent, car repair, or utility shutoff and sometimes long-term housing needs, such as sending listings of Section 8 vacancies and making referrals to agencies that help with credit repair. To a lesser extent, family services, such as parenting classes, have been requested.

To address child support issues, the project developed a protocol to outline how information about child support would be shared with participants during recruitment, at intake, or breakup. The CSED provided training to project staff about child support enforcement and resources at the beginning of the project.

During the assessment phase, direct questions are asked about child support orders and enforcement for each child from the current and previous relationships. If couples break up, the FFCs discuss child support issues in terms of the importance of providing co-parenting

and financial support of children. Because all couples had established paternity, the program focuses less on this topic.

During the community engagement process, one issue raised by providers and couples was the mistrust of the legal system and child support enforcement agencies. Some worried that the CSED would discuss their relationship status with other programs, such as TANF or public housing agencies, and the couple would be at risk of losing their benefits.

Thus, it is not surprising that the FFCs found it challenging to bring up child support issues directly unless raised by parents. Because all couples participating in FFP established paternity after the birth of their child, and many were living together at the baseline interview, child support issues, if discussed, were generally addressed for children from prior relationships. When child support issues were raised, the FFCs could be the liaison with the State CSED to obtain answers. The FFCs also referred couples who did not want to discuss their situations with CSED staff to local fatherhood programs with staff who provide specific advice about the legal system and can directly facilitate working with CSED offices.

If couples break up, because of the potential for high conflict, FFCs do not raise issues of child support with parents unless specific questions are asked.

Retention Strategies

The FFP had a dropout rate of 22 percent (21 out of 96 couples dropped out of the project; 75 couples either participated in the year-long service delivery or broke up). Couples that abruptly ceased contact and did not resume contact are considered to have dropped out. Couples who broke up and had some contact with the project after the breakup were not counted as program dropouts because they had participated in the project through the end of their relationship.

Once couples enrolled in the program, the FFCs developed individualized approaches to retaining couples for the 1-year period of program services. Recognizing the economic and family crises experienced by the target population, the FFCs routinely made multiple contacts and follow-up visits to couples. If communication lapsed for a long period, typically the FFCs tried to contact couples' family members or friends whom they had met or were familiar with. Intensive investments of time, the development of multiple strategies, and staff persistence contributed to keeping couples engaged in program services.

The most common reason couples left the program was the breakup of relationships, followed by lack of time, moving, and economic crises. Most couples experienced some unstable economic and housing situations during the course of service delivery. The FFCs noted a tipping point where the crises needed more attention than couples' relationships, which led to taking a break from meetings or eventually dropping out of the project.

Media Campaign and Community Outreach

Although a formal media campaign is not the focus of the FFP, midway through the project (in 2007) the Minnesota HMRF convened an event to celebrate the project and build a sense of community among all stakeholders. Attendees included participant couples, FFP team members, mentor couples, local media, and the mayor of Minneapolis. At the end of the project, there was a small capstone event, which included all project staff, participant couples, and the partnership couples group.

As discussed in Planning and Design Changes section, the bulk of community outreach efforts occurred in the beginning phase of the project during stakeholder interviews and recruitment efforts. Many professionals did not feel comfortable with the focus on marriage for unmarried couples, and did not participate to a great extent in community-building activities and recruitment efforts.

2.4 Participant Characteristics and Experiences

Class Participant Information

Program recruitment took place from 2005 to 2007, during which time the FFP recruited 228 potential participants (114 couples). Of the 114 couples recruited, 96 couples were considered to have been active participants in the program[10]; 17 couples did not enroll; and 1 couple enrolled but stopped receiving services when FFP staff discovered that they were already married when the program began and did not meet the eligibility criteria. All participants were contacted to fill out assessments 1 year after their initial intake assessment.

One of the advantages of the university partnership is the extensive research component focused on a broad group of unmarried couples. FFP staff document couples' experiences using qualitative case data that capture couple relationship issues and learning, program dosage information such as FFC time with the couple, and specific educational and social service referrals. Two detailed quantitative assessments are done, one at pre and post program participation. The assessment includes demographic and economic information and contains multiple scales measuring relationship quality that are also used in the Fragile Families and Child Well-Being (FFCW) Study.[11] The objective is to compare the results of the FFP participants with a sample drawn from the FFCW unmarried parent sample.

[10] FFP does not have a strict definition of program completion. In practical terms, active participants are those that are considered to have attended enough sessions to have gained knowledge and established rapport with FFCs. Not all participants stay for the entire year that they are eligible for services because of breakups or other reasons such as housing crises or lack of time to meet as a couple because of split work shifts.

[11] The Fragile Families and Child Wellbeing Study. (2000). Research Brief. Retrieved November 5, 2009, from http://www.fragilefamilies.princeton.edu/briefs/researchbrief1.pdf

Baseline analysis completed by FFP research staff showed that the FFP couples had higher incomes and less welfare assistance than the FFCW sample. The FFP couples reported being more interested in marrying the baby's mother or father than were unmarried parents in the FFCW survey. These baseline results were consistent with the project's recruitment of couples outside economically disadvantaged neighborhoods who expressed an interest in continuing their relationships.

FFP tracks couples' relationships status over time. Research staff reported that at the end of the project, 4 couples were engaged, 20 couples married, 26 couples broke up, and 46 couples stayed together but did not marry or become engaged. Preliminary analyses indicated that a higher dosage of services was correlated with higher quality couple relationships and communication.

Management Information System Data Highlights of Participant Characteristics

Although the University of Minnesota has extensive capacity for data collection and analysis, there was no existing infrastructure to track program participants. Thus, a management information system (MIS) was developed by a technical assistance provider to track clients' progress. The FFP uses a combination of the MIS and Excel spreadsheets to track clients' progress and services.

Service delivery occurred from early 2006 to September 2009, during which time the program served 192 individuals (96 couples).[12] Table 2-1 indicates that 49 percent of the unmarried participants at baseline were White; 34 percent were Black; and fewer than 20 percent were Asian, American Indian, or other race. Fourteen percent of participants identified themselves as Hispanic. On average, the FFP participants were in their mid-20s. A small percentage of participants (11 percent) were teenagers. The majority of program participants had completed either high school or a general equivalency diploma (33 percent) or some college and above (48 percent). Additional MIS data (not shown) highlight that almost all participants (95 percent) were U.S. citizens, and a similarly high percentage (98 percent) spoke English as their predominant language in the household.

Table 2-1 also indicates that all participants were unmarried at the baseline interview. More than 85 percent of participants lived together at the beginning of the program. To be eligible for program services, all participants were required to have at least one child. Almost 60 percent of participants reported having additional biological children, either together or with other partners.

[12] At the end of the project, it was determined that one couple was ineligible for services but mistakenly included in the official count of project participants served. Therefore, data are reported for the 97 couples who were included in the MIS system, but the actual number of couples served is 96.

Table 2-1. Baseline demographic characteristics of individual participants in the Minnesota Family Formation Project from January 2006 to November 2008 (*N*=194)

Characteristics		Percent or number
Client race (*N*=179)	White	49%
	Black or African American	34%
	Asian	2%
	Native Hawaiian or other Pacific Islander	0%
	American Indian or Alaskan Native	7%
	Other	9%
Ethnicity (*N*=185)	Hispanic	14%
	Not Hispanic	86%
Client gender (*N*=194)	Male	50%
	Female	50%
Client age (*N*=190)	Under age 20	11%
	Between 20 and 24	33%
	Between 25 and 29	37%
	Between 30 and 34	10%
	Between 35 and 44	6%
	Age 45 and older	3%
Average age of client (*N*=190)		26 years
Education completed (*N*=11)	8th grade or less	1%
	Some high school	18%
	General equivalency diploma	10%
	High school diploma	23%
	Some college or 2-year degree	31%
	Technical or trade school	6%
	Bachelor's degree	8%
	Graduate or professional degree	3%
Marital status (*N*=194)	Married	0%
	Not married	100%
Cohabit with partner (*N*=194)	Yes	86%
	No	14%
Participant has additional biological children* (*N*=194)	Yes	62%
	No	38%

* Additional children other than the target child.

Reflecting the wide geographic target area, average employment and income were higher than is often reported for participants in programs that target low-income areas. Table 2-2 highlights that more than two-thirds of the FFP participants were working when services began; 47 percent worked full time and 17 percent worked part time. One subgroup of the FFP participants had family incomes below $20,000 (34 percent), a larger group (48 percent) had family incomes ranging from $20,000 to $50,000, and 24 percent had incomes over $50,000.

Table 2-2. Baseline employment and income status of individual participants in the Minnesota Family Formation Project from January 2006 to September 2009 (*N*=194)

Characteristic		Percent
Employment status (*N*=192)	Full-time	47
	Part-time	17
	Not working	36
Personal income (*N*=170)	Under $5,000	22
	$5,000–$9,999	19
	$10,000–$14,999	7
	$15,000–$19,999	9
	$20,000–$24,999	14
	$25,000–$34,999	11
	$35,000–$49,999	11
	$50,000–$74,999	5
	Greater than $75,000	3
Family income (*N*=176)	Under $5,000	5
	$5,000–$9,999	9
	$10,000–$14,999	7
	$15,000–$19,999	10
	$20,000–$24,999	10
	$25,000–$34,999	16
	$35,000–$49,999	19
	$50,000–$74,999	13
	Greater than $75,000	11
Other income sources in past 12 months (*N*=188)*	Public assistance, welfare, or food stamps	44
	Family and friends	44
	None	29

* Includes the total number of participants served between January 2006 (the start date of service delivery) and September 2009 (when the program ended).

NOTE. Percentages may not total 100 because of multiple responses.

Table 2-3 indicates that participants' religious affiliation was primarily Christian (63 percent). Some participants indicated other religious affiliations, including Catholic (11 percent) and other religions (11 percent); 15 percent reported no religious affiliation. Participants reported low attendance at religious institutions. More than 50 percent of participants attended church or other institutions "hardly ever" or "not at all." A quarter of participants indicated attendance at religious services at least once a week or several times a month.

Table 2-3. Baseline religious characteristics of individual participants in the Minnesota Family Formation Project from January 2006 to September 2009 (*N*=194)

Characteristic		Percent
Religion (*N*=189)	No religious affiliation	15
	Catholic	11
	Christian	63
	Other, not specified	11
Religious attendance (*N*=194)	Once a week or more	14
	Several times a month	11
	Several times a year	20
	Hardly ever	32
	Not at all	23

NOTE. Includes the total number of participants served between January 2006 (the start date of service delivery) and September 2009 (when the program ended). Percentages may not total 100 because of multiple responses.

Table 2-4 summarizes the recruitment efforts of the FFP. Nearly three-quarters of participants reported that they were contacted by flyer or brochure. The next largest source was friend, partner, or family member (16 percent). About 1 in 10 participants indicated that they were recruited from medical clinics. Few participants came to the program from a community event (2 percent), and no couples were recruited from churches.

Participants' Involvement with the Child Support Enforcement System

Eligibility for the FFP is based on paternity establishment for the most recent birth of a child. Therefore, all of the 194 participants had signed recognition of paternity forms. Data for these forms are housed at the Minnesota Department of Health's vital records and are not part of the child support enforcement administrative data system that was used to match FFP participant data. Therefore, although 100 percent of the 194 participants had paternity establishment for the most recent child, only a subset of couples matched in the child support administrative records system. A case may show up in the child support file if, for example, the CSED agency had been involved in providing modification or enforcement services.

Table 2-4. Program recruitment information for the Minnesota Family Formation Project from January 2006 to November 2008 (*N*=194)

Characteristic		Percent
Recruitment sources	Media (TV, newspaper, radio)	0
	Flyer/brochure	73
	Community event	2
	Friend, partner, or family	16
	Hospital	2
	Pastor/church	0
	Direct contact from project	1
	Medical clinic	11

NOTE. Includes the total number of participants served between January 2006 (the start date of service delivery) and September 2009 (when the program ended). Percentages may not total 100 because of multiple responses.

Table 2-5 indicates that almost two-thirds (119) of the 194 FFP participants matched in child support administrative data records after program enrollment. Given the large proportion of participants that matched in the child support enforcement administrative system and the high paternity establishment rate, the FFP is well positioned to serve the child support agency's target population.

Table 2-5. Paternity establishment among the Minnesota Family Formation Project participants from January 2006 to November 2008

Characteristic		Percent or number
Total number of participants who matched in the child support system		119
Percentage of the total number of participants who matched in the child support system (*N*=194)		61%
Percentage of FFP participants who are custodial or noncustodial parents on all cases (*N*=119)**	Custodial only	43%
	Noncustodial only	44%
	Custodial and noncustodial	13%
Percentage of the number of children associated with all child support cases* (*N*=119)	1	55%
	2	20%
	3	8%
	4 or more	18%
Percentage of established paternity for any children on all cases (*N*=119)	Established for all children	100%
	Did not establish	0%
	Established for some children but not all	0%

Source: FFP management information system data matched with State IV-D records.

NOTE. Percentages may not total 100 because of rounding.

* Data reflect child support participation from January 2006 (when service delivery started) to November 2008 (when the site visit occurred).

**46 out of 119 matched participants (39 percent) have multiple child support cases.

For the 119 FFP participants that matched in the child support system, over one-third (46 participants) had more than one child support record. The analysis reported in table 2-5 pools the information from all child support records for each participant. Among participants, 44 percent of parents were the noncustodial parent for their children on all cases and 43 percent were custodial parents on all cases. Indicating multiple partners, 13 percent of participants had cases in which they were custodial and noncustodial parents. In total, 39 percent of parents had more than one child support case.

Slightly more than half of participants had child support orders established. One reason this percentage is not higher is that Minnesota does not pursue child support orders when unmarried parents live and support the child together. Table 2–6 indicates that more than 50 percent (67 participants) had current or recent child support orders for any child, with more than 40 percent of participants having established orders for any child during the project.

The amount of child support orders varied. On average, the 23 noncustodial parents with active obligations paid $338 per month. The majority (61 percent) of noncustodial participants paid less than $300 per month in child support orders. On average, noncustodial parents paid $214 per month in arrearages. Making full payments consistently was clearly difficult for the FFP participants, as only 22 percent of noncustodial parents made full payments in over half the months ordered. Noncustodial parents made partial payments more frequently, with 48 percent making some payment in over half the months ordered.

Custodial parents received an average of $405 in total payments each month (not including arrearage payments). A substantial minority—about one third—received over $400 per month. Among custodial parents receiving arrearage payments, the average amount was $235 per month. Less than a third (28 percent) of custodial parents received full payments in over half the months ordered, while two thirds received partial payments in over half the months ordered.

Table 2-6. Child support orders among Minnesota Family Formation Project participants from January 2006 to November 2008

Characteristic		Percent or number
Total number of participants who matched in the child support system		119
Percentage of the total number of participants who matched in the child support system (*N*=194)		61%
Percentage with any child in record covered by a child support court order (*N*=119)	Yes	56%
	No	44%
Percentage with established child support order during project for any child (*N*=67)	Yes	43%
	No	56%
For NCP participants with an active child support order, amount of child support obligation (*N*=23)	$50–$100 monthly	9%
	$101–$200 monthly	4%
	$201–$300 monthly	48%
	$301–$400 monthly	22%
	>$601 monthly	17%
For CP participants with an active child support order, amount of child support obligation (*N*=21)	$101–$200 monthly	14%
	$201–$300 monthly	24%
	$301–$400 monthly	24%
	$401–$500 monthly	14%
	>$601 monthly	24%
Average monthly child support order obligation	Paid by NCPs (*N*=23)	$338
	Received by CPs (*N*=21)	$405
Average monthly child support arrearages obligation	Paid by NCPs (*N*=16)	$214
	Received by CPs (*N*=17)	$235
For NCP participants who make arrearages payments, average amount of monthly payments (*N*=16)	$1–$50	6%
	$51–$100	50%
	$101–$200	31%
	$200–$300	0%
	$400 or more	12%
For CP participants who receive arrearages payments, average amount of monthly payments (*N*=17)	$1–$50	12%
	$51–$100	24%
	$101–$200	24%
	$201–$300	29%
	$400 or more	12%
Average percentage of NCP participants who made any payments in more than half the months ordered on all cases (*N*=23)		48%
Average percentage of NCP participants who made full payments in more than half the months ordered on all cases (*N*=23)		22%
Average percentage of CP participants who received any payments in more than half the months ordered on all cases (*N*=21)		67%
Average percentage of CP participants who received full payments in more than half the months ordered on all cases (*N*=21)		29%

Source: FFP management information system data matched with State IV-D records.

NOTE. NCP = noncustodial parent; CP = custodial parent. Percentages may not total 100 because of rounding.

Data reflect child support participation from January 2006 (when service delivery started) to November 2008 (when the site visit occurred).

46 out of 119 participants have multiple child support cases.

Perspectives of Selected Participants

To gauge the perspectives of selected participants, the evaluation team engaged in a group discussion with participant couples, partnership couples, and leadership team couples and observed a Couples' Connections event. In the group discussion, couples shared their expectations and experiences of the FFP. Partnership couples who were married welcomed the chance to share advice and provide encouragement to younger couples to help support their relationships. Providing mentoring was mentioned as their way to give back to the community. Interacting with couples outside their immediate social networks served as an opportunity to broaden mentor couples' community connections. A pastor with experience in marriage counseling found it fulfilling to provide mentoring to couples that were outside of the faith community. These married couples provided positive and inspirational messages to the unmarried participant couples about marriage, but also felt that marriage should be discussed realistically, including the benefits and challenges.

Couples from the leadership couple team participated in the program's core one-on-one services, as well as provided input into the topics chosen for the Couples' Connections events. All of the couples in the group discussion enjoyed the feedback and coaching that they received from the FFCs. The extra support, the specific advice, and the help with practicing communication skills were found to be useful in a time when couples are contemplating their relationship decisions. One couple mentioned how meeting with their FFC made them feel that they were "not alone" in addressing their problems and learned what real relationship commitment entails. The skills that they learned and the encouragement they received made several couples feel that they were addressing their problems in a positive manner rather than just complaining about them.

In terms of recruitment, based on the materials and outreach received, some couples originally thought that they were enrolling in a research study and were surprised by the services offered. One couple said that the $70 incentive to participate in the research study was the main reason that they initially called the project. To decrease the confusion between the research study and the FFP services, several couples encouraged the FFP to make the service component clearer from the outset.

Although all couples interviewed felt that the FFP provided high-quality services, they offered the following suggestions for improving the program:

- In general, make the program goals and objectives clearer.
- Make the program service components more transparent, particularly the length of the program, the frequency of meetings, and the types of available referrals and help.
- Distribute binders to participants so that they can centralize all the handouts and information received from the FFCs.
- Provide more structure to the one-on-one discussions.
- Include an evaluation form for participants to give the FFCs feedback.
- Increase the length of time the program runs.
- Make the ending of services less abrupt.
- Recruit more experienced mentor couples.

Even though the leadership and mentor couples found the mentoring process fulfilling, there was a discussion of the challenges in starting a new mentoring program. Most challenges centered on the matching process. Mentoring was felt to be highly personal, and some couples found it difficult to establish and connect with couples whom they had no prior relationship. Some couples mentioned that they were looking for specific criteria in mentor couples that would be difficult to match on, given the limited pool of volunteers. One example included a preference for being matched with an interracial couple. On the other hand, some participant couples were able to find common ground with their mentor couples and became part of each other's social network. The mentoring process was seen by both mentors and participant couples as a component of the program that needed more structure and accountability.

2.5 Summary

Starting an entirely new collaborative partnership between the Minnesota CSED and the University of Minnesota, the Minnesota HMRF Initiative successfully served 96 unmarried, low-income couples with individually tailored, intensive healthy marriage and relationship education and coaching services; connected couples with a variety of referrals for services, including assistance with child support cases; and provided the opportunity for group learning and bonding with other couples at interactive monthly events. Although the two main agencies involved in this project had experience designing programming targeted to fathers and new parents, serving both parents as a couple was a new approach.

Implementation Achievements

Given this new collaboration and programming effort, the FFP was designed to start small and be flexible enough to learn about what works for the target group of unmarried parents

who recently had a child, were in committed relationships, and had taken the step of establishing paternity. This particular target group had not previously been the focus of educational program efforts in Minnesota.

The Minnesota HMRF Initiative had the advantage of starting with a strong conceptual model that helped guide decision making about more or less promising program components. Establishing a core group of leadership couples provided input into program design at key decision points. Staff interviewed felt that training future couple leaders helped on a small scale to allow couples to be partners in the program, which may help these couples take on leadership roles in other community venues.

An early success of the program was described by multiple stakeholders as an improvement in the ability of the FFC and participant couples to jointly discuss and evaluate the skills being taught. This allowed FFCs, in consultation with the couples, to assess whether a particular technique was helpful to address a specific problem or whether the approach needed modification. If a couple did not respond well to a particular lesson, the service model was flexible enough to allow for adaptation to different learning styles and personalities. The one-on-one interactions also allowed for the trained marriage and family therapists and social workers to conduct therapy during a session if a crisis arose and make suggestions if further individual or marital counseling could be useful.

One strength of the FFP approach is that contact between the FFC and the couple does not end if there is a breakup, which, as described by staff, sometimes led to growth in relationships even for couples who broke up. The FFCs work individually or together with couples who have experienced a breakup to encourage productive communication about raising children. Couples who broke up were surprised to find that their children were affected by breakups and appreciated the support and advice of the FFCs about co-parenting and trying to create the best environment for children given the changes in living arrangements. Positive co-parenting relationships did not, however, occur for all couples who broke up; FFP staff noted the occurrence of some high-conflict breakups that involved court orders.

The FFP targeted recruitment to a population of unmarried couples who established paternity and were committed to their relationships when they entered the program. This group is at risk of child support participation if relationships break up. A strong collaborative partnership between the CSED and the university-based staff ensured that all project staff were educated in child support issues and could facilitate the quick retrieval of answers to couples' child support questions.

The CSED agency staff's active attendance at weekly team meetings allowed staff to learn about couples' experiences from FFCs, realizing that many of the same issues that affect healthy marriages also affect positive child support outcomes, such as economic stability, commitment to children, healthy communication, and couples' trust. The FFP staff found

that couples were wary about discussing child support. In these cases, the FFCs had to balance providing education about child support with building trust with couples. The FFCs found that a middle ground option was to refer couples with child support issues to fatherhood programs so that they could discuss their cases and receive legal advice before contacting the CSED.

Implementation Challenges

As with many community initiatives, recruiting participants, as well as community organizations as partners, proved to be challenging. For example, strict eligibility criteria and narrow geographic focus contributed to some of the initial difficulties with finding couples to enroll. Also, graduate students who are highly trained professionals can deliver high-quality services; however, they may have fewer ties to the immediate neighborhoods, which may hinder building organizational partnerships. Another initial difficulty was that family support service providers were wary of the focus on marriage for economically vulnerable groups. Given these limitations, the mentor couple program did not take root because of both the lack of supply of mentor couples and the lack of demand among the initial group of participant couples.

Potential for Sustainability

Because of the low level of community involvement, staff believed that the FFP may not be sustainable in the short term. Nevertheless, this demonstration project identified a program model that served a group of almost 200 unmarried parents (96 couples) who are not typically the target of services in Minnesota. The FFP intensive home visiting approach offered unmarried couples with young children, a group identified as experiencing low community support, a starting point for seeking help with continuing and improving their relationships or separating and forming healthy co-parenting relationships. Moreover, the high-intensity, tailored services have the potential to increase the confidence of unmarried couples over time to help them seek access to less intensive programs, such as community support programs and group educational settings. For example, after working one on one with a clinician, couples may become more interested in attending couples' seminars, building and sustaining relationships with mentor couples, and eventually becoming mentors themselves. Overall, the anticipated high-quality research results from this university-based project will help policy-makers and practitioners to better understand how home visiting approaches can help fragile families transition to the next phase of their relationships.

3. THE BLUEGRASS HEALTHY MARRIAGE INITIATIVE

3.1 Introduction

The Bluegrass Healthy Marriage Initiative (BHMI) is a university-community partnership between the University of Kentucky's (UK) Department of Family Studies, the Kentucky Cabinet of Health and Family Services' (CHFS) Department of Income Support (DIS) Division of Child Support Enforcement (CSE), and the original community partner, the Bluegrass Healthy Marriage Partnership (BHMP). The BHMP, a small community nonprofit organization staffed by volunteers, dropped out of the initiative shortly after the site visit in late 2008, and was replaced by a marriage education provider, the Institute for the Development of Emotional and Life Skills (IDEALS) of Kentucky. This demonstration project serves the Lexington, Kentucky, metropolitan region.

The BHMI aims to improve family stability and child well-being by (1) increasing access to healthy marriage and relationship (HMR) education services for families, (2) building a sustainable coalition to promote community awareness of healthy relationship issues and services, (3) encouraging and training community and faith-based service providers to focus on marriage and healthy relationships, and (4) promoting higher child support collections for those needing child support. To achieve these aims, this initiative instituted a three-step approach:

- *Community awareness and coalition building.* The first step includes building a network of partner organizations and hosting annual community outreach events and quarterly professional in-service trainings to partner organizations' staff.
- *Research study on healthy marriage and relationships (HMR)*. For organizations that decide to participate in the network of partner organizations, UK offers the organization the opportunity to take part in a research study about healthy marriage and relationships among clients. If the partner organization agrees, UK conducts a survey of marriage and relationships among coalition partners' clients. UK research staff provides an analysis of the survey results to the community organization after the survey concludes.
- *HMR Education*. At no cost to the organization, UK staff will arrange for IDEALS to provide healthy marriage and relationship education classes to partner organizations that express interest in offering these classes to their clients.

Target Population and Geographic Scope

The BMHI targets a diverse group of individuals and couples in many relationship arrangements, including those who are dating, cohabiting, engaged or premarital, married, separated or divorced, and individuals who are single again or remarried. Among married couples, BMHI serves those who are newly married, mature married, and have marriages in distress. The initiative serves teens and young adults, as well as new and unmarried

parents. Additionally, one of the BHMI's goals is to serve low-income couples at risk of entering the child support system.

This initiative operates in eight counties located in or adjacent to the Lexington, Kentucky, metropolitan statistical area (MSA) including seven counties in the MSA—Bourbon, Clark, Fayette, Jessamine, Madison, Scott, and Woodford—and nearby Franklin County, encompassing the capital city of Frankfurt. The latter area was added to include classes that could potentially be held at the IDEALS offices located in Frankfurt when that organization became the provider of the educational workshops. While the geographic scope is wide, the bulk of service delivery occurs in Fayette County, which encompasses the city of Lexington.

Funding

In mid-2005, the BHMI received a 3-year Federal Child Support Enforcement demonstration Section 1115 waiver providing funding authority totaling approximately $1 million. In-kind support from UK and the community partner organization fulfill the State matching requirements for the waiver. After obtaining research protocol approval by the UK Institutional Review Board (IRB), addressing implementation barriers, and revamping the service approach, recruitment and service delivery began in fall 2007, nearly 2 years after the grant award. Because of service delivery startup delays and staffing changes, the project received an extension to carry out program operations until summer 2010.

Organizational Structure

The U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) provides the Federal funding for the BHMI. The DIS/CSE is the primary Federal grantee and has fiscal oversight of the BHMI. County Attorney's offices, which oversee child support at the local level in each of the eight target counties, have minimal involvement with the project. The State subcontracts service delivery to UK, which is the lead fiscal agent. The State match funding is donated in-kind primarily from UK by providing faculty time and office space for the project staff and research assistants. UK manages the funding, conducts research, hosts in-service professional development workshops for staff from network partner organizations, works with organizational partners to develop relationship education classes, and subcontracts with facilitators to deliver marriage education services to organizational partners' clients.

Since the beginning of the grant, several UK faculty, staff, and students have been involved. At the time of the site visit in 2008, the current chair of the Family Studies Department served as the principle investigator (PI) of the research component and another faculty member served as Co-PI. The PI oversees the project and interacts with project staff. The project has two full-time staff members, in addition to a project director, a program coordinator, and two part-time research assistants. During the course of the project, two

other faculty members were involved as well as several research assistants, some of whom received tuition stipends.

The project director oversees program operations, maintains external/community relationships, and builds partnership capacity. The project coordinator interacts with the partners to help organize the marriage education workshops and administer the research component. Shortly after the site visit, the BHMI project director left for another position, and the project coordinator assumed the responsibilities for both positions.

Direct service delivery is provided by two facilitators from a nationally known marriage education provider, IDEALS of Kentucky, which also donates in-kind resources for the State match. IDEALS is a nonprofit organization whose mission is to provide counseling and community education on interpersonal communication skills for couples, parents, families, and singles.[1] IDEALS facilitators use the Master Mysteries of Love (MML) educational programs with clients and also provide professional training in MML to therapists and family practitioners in Kentucky and across the country (see Curriculum and Programs Section for more information).

Policy Environment

During the site visit, key informants described the overall policy environment in Kentucky as supportive of fostering the BHMI's healthy marriage and relationship aims. However, because of the economic slowdown and fiscal constraints, Kentucky does not provide any direct State funding of marriage education activities. Interviewees reported that Kentucky is considering setting aside 1 percent of Temporary Assistance for Needy Families (TANF) funds to increase funding for marriage education services, similar to other States.[2] Kentucky has several Federal Healthy Marriage Initiative (HMI) grantees that are meeting to discuss the possibility of coordinating a statewide network. Moreover, Kentucky is home to military bases that receive Federal funding from the Department of Defense to provide marriage and relationship services to couples who are facing or returning from deployment.

Key informants also reported that there is less policy support to bolster achievement of the demonstration waiver's child support goals. The CSE is housed in the DIS, which means that in practice CSE focuses on programs that directly provide or collect income and place less emphasis on prevention programs or educational services. For example, CSE works with noncustodial parents to help increase their ability to financially support children.

Another factor is that the County Attorney's office handles child support enforcement issues. Interviewees reported that, in general, attorneys believe that a preventive focus on

[1] Institute for Development of Emotional and Life Skills (IDEALS) of Kentucky. (n.d.). Retrieved November 18, 2009, from http://www.skillswork.org/

[2] National Healthy Marriage Resource Center. (n.d.). Fact Sheet: TANF Funds and Healthy Marriage Activities. Retrieved November 18, 2009, from http://www.healthymarriageinfo.org/docs/tanffundhmact.pdf

strengthening relationships should happen before couples come in contact with the legal system or CSE. Key informants thought that other human services agencies, such as those providing TANF support services and working with parents before cases are referred to CSE, are better positioned to recruit potential participants and provide educational services that focus on healthy relationships or marriage. Given the policy emphasis, County Attorney's offices have limited involvement in the implementation of the BHMI.

3.2 Program Planning and Design Phase

Project Goals and Objectives

In 2004, Kentucky had the ninth highest divorce rate among the 44 States that collect divorce statistics. Approximately 17 percent of adults in Kentucky are divorced compared with the national average of 15 percent. Interviewees highlighted the high divorce rates among military and police families, who are key BMHI target populations. Kentucky ranks 26th out of 50 States in births that occur to unmarried women.[3] In Fayette County, which encompasses the city of Lexington, 35 percent of births occur to unmarried women.

Given the elevated divorce rate and unmarried birth rate, the BHMI focuses on reaching a broad target group of unmarried and married individuals and couples. The program is open to all single or married community members interested in learning how to improve their relationships. According to the project materials and Web site[4], the BHMI currently has five primary objectives for this grant:

- To increase access to marriage education activities and relationship resources.
- To increase the quantity and quality of activities and resources.
- To increase individuals' and couple's predisposition to participate in and take advantage of resources.
- To enable the advancement of the coalition of organizations in perpetuity.
- To amass and publicize scholarly research.

As the project evolved and the service model was revised to address implementation barriers, some of the original objectives set forth in the 1115 waiver became less applicable to program operations. For example, the original waiver included the objective of forming 12 to 15 Citizen Achievement Groups (CAGs) with different stakeholders, such as employers and schools.[5] This objective of hosting several CAGs that could develop multiple goals based

[3] Mathematica Policy Research. (2008, March). The Marriage Measures Guide of State-Level Statistics. Retrieved November 18, 2009, from http://www.mathematica-mpr.com/publications/PDFs/marriagemeasures.pdf

[4] University of Kentucky, College of Agriculture. (n.d.). Bluegrass Healthy Marriage Initiative. Strong and Healthy Marriages. Retrieved November 18, 2009, from http://www.ca.uky.edu/healthymarriage/?d=1

[5] Citizen Achievement Groups (CAGs) are one of the community engagement strategies included in the Families and Democracy Model that was developed by the PI of the Minnesota demonstration site. CAGs, made up of community stakeholders and partners, are formed to define goals, and formulate individualized strategies to achieve them. Each CAG is assigned a trained coach to help with achieving goals.

on the groups' interests was streamlined to include one larger group of community partners. Therefore, by design, the focus of the coalition was aligned with the project goals of building the demand for and supply of marriage education activities, rather than focusing on achieving multiple group objectives.

Similarly, child support goals specified in the waiver included the promotion of higher child support collections, case management referrals to child support enforcement, and integration of marriage activities with ongoing programs, especially child support. Because of the limited partnership with County Attorney's offices and the limited population of child support cases served by partner organizations that delivered services, less emphasis is placed on cross-referrals between marriage education and child support activities. Lastly, BHMI activities target building organizational capacity; therefore, BHMI's target objectives set forth in the waiver specifies building a coalition of 50 to 60 partners and does not specify the number of couples or individuals for whom to provide marriage and relationship services. The initial project team set a target of serving a total of 5,000 individuals with HMR classes. This target number was decreased to 1,000 individuals due to implementation challenges.

Program Planning and Design Changes

The Bluegrass Healthy Marriage Partnership

Fostering community-wide awareness of the importance of marriage and healthy relationships and building community capacity to increase access to educational services were the two main goals of the original members of the Bluegrass Healthy Marriage Partnership (BHMP), one of the key partner organizations along with UK involved in formulating the BHMI and applying for the Federal grant. BHMP started as a grassroots organization in the mid-1990s convened by community volunteers from diverse congregations in Lexington, which also included many UK faculty and students. The original members of the BHMP worked with Marriage Savers, an organization that helps groups of congregations come together and sign a community covenant that prioritizes healthy marriage.[6]

Interested in applying for Federal HMI funds, BHMP members incorporated into a nonprofit in 2004, hired an executive director who was a UK graduate student, and received seed funding through a Federal Compassion Capital Fund (CCF) grant. The CCF funds helped cover expenses associated with writing the Federal HMI grant proposal. When the grant was funded, the executive director of the BHMP became the project director and was housed at UK.

[6] Marriage Savers. (n.d.). Preparing, Strengthening, and Restoring Marriages. Retrieved November 18, 2009, from http://www.marriagesavers.org/sitems/SavingMarriages/whatisacmp.htm

At the time of the 2008 site visit, the BHMP included a seven-member Advisory Board comprising a diverse range of community stakeholders, such as professional marriage and family therapists, attorneys specializing in family law, and directors of agencies that provide employment support services for TANF recipients. All board members are volunteers. The BHMP Board hosted several committees of volunteers that included UK faculty and students. At the peak of the planning phase, approximately 50 people were involved with the BHMP who were interested in the various grant activities, such as community coalition building and research and evaluation. Interviewees reported that as the BHMI progressed, some BHMP volunteers left because of natural attrition, whereas others expressed concern about the perceived focus on research activities rather than service delivery.

The Evolution of the Bluegrass Healthy Marriage Initiative Model

As proposed in the grant application and described by key informants, the BHMI was designed to be a community saturation model to stimulate the supply of and build capacity for organizations to provide marriage education services, and increase the demand for services. Central to the BHMI approach was the formation of a coalition of diverse partners that included businesses, churches, university research and family support centers, the military, local police, and community-based organizations. The general model specified in the grant application was designed to be a flexible approach for partner organizations to define strategies and specify activities for strengthening marriage and parenting commitments. BHMI's role was to facilitate the design of program activities to achieve these goals. Partners would be responsible for providing funding for any expenses, such as training staff or purchasing curricula.

The BHMI was designed to be implemented by a university-community partnership, where UK would be primarily responsible for grant management, the research component, and technical assistance for various curricula that reflected clients' needs—identified by research—of the partner organizations. According to the grant, the BHMP Advisory Board members would be primarily responsible for coalition building, helping partners to set strategies and activities to achieve service goals, and organizing CAGs.

As the program model evolved, the organizations that joined the BHMI did not specify their own activities; instead, they participated in capacity-building activities, such as BHMI-sponsored train-the-trainer classes or in-service trainings. BHMP's role also became less clear when its executive director who had spearheaded the coalition-building activities became a UK staff member.

An early BHMI success, (BHMI was established during the grant-writing process) was the development of a highly motivated, diverse coalition to engage in community-wide healthy marriage awareness efforts. Although the development of research protocols and outreach to organizations and the professional networking pieces of the BHMI were strong program components, building the service delivery capacity of the partner organizations lagged

behind, including developing standardized intake and referral processes, training facilitators, and delivering marriage education classes.

To overcome the delays in the delivery of marriage education classes, in 2007 the BHMI staff based at UK began recruiting participants for the educational component directly from the broader community in each target county by posting fliers announcing classes and via Web-based advertising. However, there was a limited response to this approach and a low turnout for the classes. Consequently, the UK staff decided to wait until partnerships and the service model were solidified to more efficiently target recruiting efforts at partner organizations.

These types of program implementation challenges led to delays in project startup and a significant change in the program's overall design. Over time, the BMHI core service delivery approach evolved from partner organizations designing their own tailored service delivery approach, to a broader train-the-trainer model to a direct-service sole-provider model using a nationally known marriage education services provider.

Program Implementation Challenges and Design Modifications

One notable implementation challenge involved staff turnover at all three of the original collaborative partners, including the original UK PI, the BHMP executive director, and a key staff member at CSE involved in the original grant proposal. Another challenge was the disagreement and subsequent miscommunication among the two main partners, UK and the BHMP, about each partner's specific roles, responsibilities, staffing, and budget allocations. A third challenge was the lack of funds allocated to defray the costs for partnering organizations to purchase curricula for clients or to provide stipends for services, such as transportation. An additional challenge involved the delay in obtaining IRB approval from UK for research protocols because of privacy concerns and the collection of Social Security numbers. Over time, the challenges to service delivery were compounded by a second round of changes in faculty and project staff, the departure of some BHMP Advisory Board members, and continued disagreement between UK and the community organization over roles, which led to a temporary suspension of service delivery.

Consequently, the project's overall organizational structure and program model were modified to account for these realities. For example, solutions developed in response to implementation challenges included shifting from a train-the-trainer model and building organizational capacity to the delivery of services by contracting with one of the BHMP Advisory Board members' organizations, IDEALS of Kentucky, to provide coalition partners' clients with healthy marriage and educational services. Contracting with one provider who was also the curriculum developer allowed materials to be used during classes at no cost, which addressed the lack of organizational resources to purchase the curriculum. The downside of this approach was that clients could not keep the class materials. Although building the capacity of community organizations by training facilitators was eliminated from

the project, the BHMI continued this mission by convening quarterly in-service trainings for partner organizations to increase knowledge of healthy marriages and relationship issues and to build professional networks.

3.3 Community Coalition

The BHMI developed a formal outreach and partnership process to create a community coalition consisting of two types of partnerships, both of which are formalized by signing an agreement between the BHMI and the organization. The BHMI is responsible for communicating information and providing resources to partners, offering regular training opportunities to the partner organizations' staff, and facilitating family-strengthening activities.

Participating Partnerships

One type of partnership is known as "participating partnership" and comprises primary contributors to the implementation of the BMHI's research and education aims. The formal organizational commitment includes representatives participating in BHMI activities, such as quarterly in-service trainings; distributing information on family-strengthening activities to interested employees or clients; hosting marriage- and family–strengthening workshops; and, if interested, participating in research activities, such as participant surveys.

The level of the participating partners' involvement may vary. Some participating partners may be involved in staff trainings, research activities and educational activities, whereas other participating partners may be involved in just one component. Some of these partners initially expressed an interest in the project, signed the partnership agreement, and then became inactive and did not participate in the research or education components. However, there is a core group of participating partners active at the time of the site visit—such as the Salvation Army and two churches—that hosts workshops.

Affiliate Partnerships

Another type of partnership is referred to as an "affiliate partnership" in which a representative of a partnering organization signs a statement of support. An affiliate partner has the opportunity to participate in BHMI in-service meetings and community events, and agrees to distribute information about family-strengthening activities to interested employees or clients. Affiliate partners, however, do not participate in the research or marriage education services.

The Community Coalition

At the end of 2009, the BHMI community coalition included 43 organizations: 25 participating partnership organizations and 18 affiliate partnership organizations. Core participating partner organizations represent a broad spectrum of the Lexington metropolitan area, such as Head Start centers, churches, nonprofit social service

organizations, the National Guard, and the local police. Table 3-1 lists the BHMI participating partnership organizations who were involved to varying degrees since the project's inception. Table 3-2 lists the affiliate partnership organizations, which represent diverse religious organizations as well as a business, school, and family court.

Table 3-1. Bluegrass Healthy Marriage Initiative participating partners

- Bluegrass Head Start
- Bourbon County Coop. Extension
- Catholic Diocese of Lexington
- College for Technical Education
- Consolidated Baptist Church
- Division of Family Services
- Family Preservation Program
- Georgetown Baptist Church
- Immanuel Baptist Church
- Kentucky River Foothills Head Start
- Kentucky Army National Guard Family Programs
- Kentucky Association for Community Action
- Life Adventure Center of the Bluegrass
- Lexington-Fayette Urban County Government (LFUCG) Police Employees
- Operation Military Kids
- Salvation Army–Lexington
- Sandersville/Meadowthorpe Family Resource Center
- Scott County Parks and Recreation
- Shapes for Women
- Shiloh Baptist Church
- SKY Families
- Southland Christian Church
- Unitarian Universalist Church of Lexington
- Urban League of Lexington
- Vineyard Community Church

Table 3-2. Bluegrass Healthy Marriage Initiative affiliate partners

- AT&T
- Central Baptist Hospital
- Church of Jesus Christ of Latter-day Saints
- Dixie Elementary School FRC
- Family Counseling Service
- Fayette County Cooperative Extension
- Foothills Community Action Partnership
- Grace Place Ministries
- Heam Elementary School
- Interfaith Counseling Center
- Islamic Society of Central Kentucky
- Jessamine County Coop. Extension
- Martin Luther King Cultural Center
- Mindspa, LLC
- People Helping People
- Scott County Cooperative Extension
- Scott Family Court
- Shaw Child Care
- University of Kentucky Family Center
- Virginia Place

3.4 Program Operations and Services

Recruitment Strategies

The BHMI's current service model includes a two-part recruitment strategy to achieve project goals. First, potential partner organizations are identified by researching social

service directories in each county; conducting Internet searches on family social service and church groups; contacting professional and church networks of faculty staff, students, and BHMP Advisory Board Members; and reaching out to potential partners that serve families facing stressful conditions, such as the Police Department and the National Guard. The goal is to identify and recruit organizations that will allow the BHMI to gain access to clients. Once identified, potential participating partner organizations are recruited to deliver services. Using a database, the BHMI tracks the organizations contacted and their interest level.

The next stage of recruitment for the research and education components occurs at the partner organization level. For the education component, the UK staff works with interested partner organizations that have the capacity to hold classes, set dates, and make arrangements with the facilitators from the community partner organization, IDEALS of Kentucky. Partner organizations' staff recruit participants for both the research and educational components. If needed, the BHMI will create a flier, advertise the class on the partner listserv, or write a newsletter piece.

Each partner organization develops an individual recruitment and retention strategy. One church, for example, introduced the curriculum at a marriage retreat and then continued with interested couples once a month for a year. After the monthly meetings ended, outside the grant, the church started a bible study group for couples that also includes some secular components, such as watching and discussing a movie called "Fireproof" that focuses on couples' relationships. Partner organizations sign an agreement to deliver at least one series of marriage classes, although interviewees highlighted that only a subset of partners are able to deliver services. The Police Department and the National Guard, for example, participated in the research component, and they have highly motivated chaplains interested in hosting classes. Despite the high level of interest, however, classes at these organizations and others have not been scheduled because of a lack of facilities, childcare, transportation, and officers, parishioners or clients' time or interest, as well as overcrowded educational calendars. Ideally, the National Guard would like the BHMI to provide a second level of services to follow up on the federally funded Strong Bonds couples' weekend retreats. However, no funding is available to rent a facility off the base to host a workshop or to cover the cost of accommodations for couples from around the state to attend.

Intake and Screening

The research and educational components have two different intake processes. The BHMI staff at the university first engages partner organizations to enroll participants in the research study. A subset of interested participants enrolls in healthy marriage and relationship classes. Each of these activities has separate enrollment forms that gather different pieces of information that can be linked if clients participate in both activities. In contrast to other CHMI demonstration sites, the BHMI educational component does not

include a standardized intake form, needs assessment, or screening prior to enrollment in classes.

For the research component, clients at participating organizations fill out a survey that details their demographic and economic information, relationship history, and experience of domestic violence. Because UK's IRB had concerns about collecting full Social Security numbers, the BHMI instead assigns survey respondents a unique ID consisting of the initials of their first and last names and the last half of their Social Security number. The BHMI does not collect any contact information, such as telephone numbers or addresses, from participants in the research component.

Only a subset of participants in the research component chooses to attend healthy marriage and relationship classes. Participants sign a common activity roster with their full name and the last half of their Social Security number; in this way, their participation in classes is recorded. No additional information is collected from those attending the classes. To track participants in HMR classes who were also enrolled in the research study, it was expected that the information gathered from both data sources would be linked. The linking process uses respondents' initials from the survey and the full name listed on the activity roster as well as the last digits of each person's Social Security number. A notable challenge was identified with this approach. On the survey form, research study participants were asked to provide their initials and the second letter of the last name. Often, participants' initials on the survey did not match the name entered in the HMR activity roster. Therefore, the demographic information gathered for the research could not be matched to the program participant information. In practice, because the two forms did not match, the BHMI could only match the demographic characteristics gathered through the survey to a limited subset of class participants.

This challenge was identified at the time of the 2008 site visit. Since the visit, the BHMI replaced the common activity roster and developed a new, individualized activity roster that requires all class participants to fill out a form. The new activity roster form includes more complete information that can be matched more easily with the information collected on the research study form. A workshop evaluation and a full set of demographic questions, family structure, and socioeconomic characteristics are included in the new activity roster form, which was implemented in late 2009.

Curriculum and Programs

The BHMI begins activity at partner organizations by administering survey questionnaires to participants. The BHMI's hope was to analyze the survey data and provide a customized report to partners that described the state of their constituents' family relationships. The original service model specified that the BHMI would work with the organization to select a curriculum to best meet their clients' family needs, based on the results of the analyses. The BHMI invested in a library of curricula for partner organizations to use. The library

includes 33 healthy marriage and relationship program curricula, five divorce and co-parenting programs, and various books and DVDs. In addition to the library, the BHMI also developed a list of curricula that was approved for use with their partners. The partners approved these curricula based on selection criteria ensuring that curricula included skills-building content, had an evidence-based record of effectiveness, and met standards for safety.

The original service model included a train-the-trainer approach. That is, partner organization staff were trained in the curriculum selected. The BHMI held a training event in early 2008 for partner organization staff on four different curricula: Mastering the Mysteries of Love (MML)[7], Prepare-Enrich[8], FOCCUS[9], and Basic Training for Couples.[10] About 125 professionals and clergy from multiple partner organizations attended the training. A subset of BHMI partner organizations paid for their staff to attend the training.

The BHMI also provided funding for a select group of community partners, faculty, project staff, and research assistants to attend the Smart Marriages Conference, which included pre- and post-conference training workshops on a variety of curricula. Despite building the in-house capacity of partner organizations, none of the community partners that attended any of the trainings reported subsequently holding classes at their organizations. However, some of the partners interviewed reported incorporating specific components, such as couple communication skills, into other family-related educational programs.

Given the limitations of the prior service delivery model, the BHMI modified the model by contracting with one provider, IDEALS of Kentucky, to provide healthy marriage and relationship classes. As a result, the curriculum choices were limited to the two programs developed by this organization. These curricula include MML for couples and Love's Cradle (designed for lower-income unmarried parents). MML is a relationship education program to teach couples in stable relationships how to use relationship enhancement skills to form new habits while addressing current marital issues. The program includes a participant activity book, instructional videos, a PowerPoint presentation, and other teaching aids. The curriculum covers the following 10 relationship enhancement skills: showing understanding,

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[7] Institute for Development of Emotional and Life Skills (IDEALS) of Kentucky. (n.d.). Mastering the Mysteries of Love: a Relationship Enhancement Program for Couples. Retrieved December 14, 2009, from http://www.skillswork.org/mml-curriculum/mastering-the-mysteries-of-love

[8] Life Innovations. (n.d.). Prepare-Enrich. Retrieved December 14, 2009, from https://www.prepare-enrich.com/webapp/pe_main/mainsite/home/template/DisplaySecureContent.vm;pc=1258340281340?id=pe_main_site_content*pages*home*public*HomeLinks.html&xlat=Y&emb_org_id=0&emb_prp_id=0&emb_unq_id=0&emb_lng_code=ENGLISH

[9] FOCCUS, Inc. (n.d.).Facilitating Open Couple Communication, Understanding & Study (FOCCUS). Retrieved December 14, 2009, from http://www.foccusinc.com/

[10] Wedded Bliss Foundation. (n.d.). Healthy Relationships, Healthy Marriages, Better Outcomes for Children. Retrieved December 14, 2009, from http://www.weddedblissinc.com/Wedded_Bliss_Foundation/Welcome_files/wbfbrochure.pdf

expression, discussion, coaching, conflict management, problem solving, self-change, helping others change, generalization, and maintenance.

The Love's Cradle program teaches the 10 core relationship enhancement skills but also focuses on unmarried couples becoming new parents.[11] Additional modules address specific topics for unmarried parents, such as trust, marriage, finances, and complex relationships.

At the time of the 2008 site visit, the BHMI had served a total of 204 individuals in marriage education classes using the MML or Love's Cradle curricula. Although other curricula were potentially available through the train-the-trainer sessions or the BHMP facilitators, all of the BHMI classes used MML or Love's Cradle.

No minimum number of hours or format was established for the classes offered through the BHMI. IDEALS facilitators normally deliver the curriculum in 16 hours over a 2-day period, although facilitators are flexible about the format and will hold a 1-day seminar for organizations that request it. For example, IDEALS facilitators delivered one 10-week class at the Salvation Army and an 8-week class to TANF recipients at Employment Solutions, a nonprofit job training organization. Both seminars used the Love's Cradle curriculum and were included as part of "life skills" workshops. MML classes were delivered in two churches in an 8-week format as well as a monthly format delivered over a 1-year period.

Domestic Violence Referrals

Kentucky has a high rate of intimate partner violence (IPV) compared with the national average. In 2002, the rate of physical abuse by an intimate partner was 35 percent in Kentucky compared with 22 percent nationally.[12] Recognizing Kentucky's high rate of IPV, the BMHI and BHMP Advisory Board worked collaboratively to develop a protocol to provide information to facilitators on how to address domestic violence when teaching individuals and couples about healthy relationship skills. This protocol was written for class facilitators and partner organizations and includes information about domestic violence awareness; toll-free hotlines are provided on the BHMI Web site.[13]

At the beginning of classes, participants receive a brochure about domestic violence and watch a 10-minute video called "Building Bridges: Marriage Education and Domestic Violence Awareness." The video was produced by UK; the script was written by BHMI staff and BHMP Advisory Board members and reviewed by professionals in the domestic violence community and the grantee technical assistance provider.

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[11] Institute for Development of Emotional and Life Skills. (n.d.). Love's Cradle. Retrieved December 14, 2009, from http://www.skillswork.org/mml-curriculum/mastering-the-mysteries-of-love/loves-cradle-materials

[12] University of Kentucky, College of Agriculture. (n.d.). Bluegrass Healthy Marriage Initiative. Retrieved December 14, 2009, from http://www.ca.uky.edu/healthymarriage/BHMI_3_19_07.pdf

[13] University of Kentucky, College of Agriculture. (n.d.). Bluegrass Healthy Marriage Initiative. Retrieved December 14, 2009, from http://www.ca.uky.edu/healthymarriage/?d=6

The domestic violence protocol outlines the procedures to take if class participants disclose IPV information. Facilitators inform individuals about support services, such as crisis counseling and safe housing. Staff must also report spousal abuse to the Kentucky Cabinet for Health and Family Services.

Providing detailed information about domestic violence is important because the BHMI intake procedures do not include any formal screening criteria for domestic violence before classes begin at the partner organizations. If an organization chooses to participate in the research component, the administered survey contains several questions about domestic violence. When the results are presented to the community agencies, organizational staff can learn more about the extent of domestic violence among the potential population of class participants. If elevated levels of domestic violence are identified, the BHMI encourages partner groups to conduct awareness workshops. None of the organizations interviewed had held a domestic violence workshop prior to the classes. Similarly, in organizations such as Employment Solutions or the Salvation Army, facilitators may identify domestic violence during the intake process, but there are no requirements for an upfront assessment of domestic violence prior to class enrollment.

Several agencies that serve the BHMI's targeted area are available to help the community with domestic violence issues. Staff from partner organizations received domestic violence awareness training from a local professional at the quarterly BHMI in-service events. BHMI staff also presented the domestic violence protocol and DVD on the development and implementation of effective domestic violence protocols to staff from partner organizations at the Smart Marriages Conference.

Linkages to Other Services

The BHMI facilitators do not conduct needs assessments or provide client referrals to other services. While no formal referral process is in place, the facilitators from IDEALS are licensed marriage and family therapists, so they could possibly make referrals for further services if necessary. In addition, informational brochures about child support are distributed at the beginning of classes. Some resources are listed in the BHMI printed materials available to participants and on the Web site. One resource noted is the UK Family Center, a therapy clinic open to the public that provides services on a sliding fee scale. The BHMI has a list of local service providers they use to refer members of the general public who call to ask about marriage counseling services.

Retention

The activity roster could be used to track participants' class attendance. However, no consistent tracking of participant retention rates was reported.

Media Campaign and Community Outreach

The BHMI's community awareness campaign uses several media outlets to promote messages about healthy relationships. The BHMI's message emphasizes child well-being rather than focusing solely on marriage. The intent is to create a broader message about the diversity of family composition. Project staff felt that a broad message is especially important for community partners that serve single parents.

The BHMI maintains a Web site, writes a newsletter, and maintains a partner listserv. The Web site offers information about the BHMI project and community partners; research, helpful resources, and relationship inventories; and domestic violence awareness. The BHMI developed "7 Healthy Hints" that provide reminders to couples about what they can do to strengthen relationships.[14] The healthy hints are included on the project Web site and also were included in public service announcements. There has been some media attention by local television stations that run segments about the BHMI and healthy relationship issues. UK helps with marketing efforts by issuing press releases. There is a Community Events portion of the Web site for partner organizations; however, it is reportedly not used. Instead, the newsletter highlights some of the partner organizations' activities.

Enhancing professional networks between partner organizations, the BHMI provides quarterly in-service workshops for all participating and affiliate partners. A variety of topics are addressed, including domestic violence, low-income families, family finances, blended families, divorce and coparenting, couple intimacy, marriage education research findings, and grant writing. Typically, these meetings are held in a central location at the Fayette County Extension Building during the lunch hour. Partners interviewed reported that workshops are informative and help to create awareness of issues confronting diverse couples who are married or unmarried and coparenting children.

The initiative has hosted three large-scale community events, including marriage conferences and a marriage celebration dinner. In late 2006, a kickoff event called "A Celebration of Marriage" introduced the BHMI to the community. The evening included dinner and a keynote presentation by nationally known marriage educators.

In February 2008, the BHMI sponsored the Central Kentucky Marriage Conference, a 2-day event that included a "Celebration of Marriage" banquet in the evening featuring a presentation by a nationally recognized marriage educator. As described in the Curriculum and Programs Section, during the 2 days attendees could take training on a choice of four different marriage education curricula and one seminar focused on domestic violence awareness in marriage education classes.

[14] University of Kentucky, College of Agriculture. (n.d.). Bluegrass Healthy Marriage Initiative. Retrieved December 14, 2009, from http://www.ca.uky.edu/healthymarriage/?d=15

In September 2009, the BHMI worked with staff from the U.S. Department of Health and Human Services, ACF Region IV to host "Kentucky Healthy Families and Responsible Fatherhood Forum—A Conversation: Connecting, Educating, and Networking with Communities" on the UK campus. The goal of the forum was to explore issues relating to applying for and administering Federal grants. It included sessions on networking, identifying and overcoming program implementation challenges, and exploring and sharing resources. The forum included Head Start, Community Action Associations, community organizations focused on healthy families, and Federal HMI grantees.

To capitalize on collaborations built through the university-community partnership, UK is partnering with the National Guard to apply for Federal research funding to study the effectiveness of marriage education interventions with military couples.

3.5 Participant Characteristics and Experiences

Workshop Participant Information

From 2007 to 2008, the BHMI recruited 204 participants from five partner organizations. As described in the Curriculum and Programs Section, the BHMI does not define or formally calculate program participants' completion rates. Individuals who participate in a BHMI-facilitated workshop that occurs at either a BHMI partner site or approved BHMI location are counted in the total marriage education workshop numbers if they fill out and turn in an activity roster at the workshop. From 2008 to 2009, an additional 334 participants attended classes, totaling 538 participants during the 2-year period. In the second year, all program participants were reported to be drawn from one partner organization, the Salvation Army.

The BHMI reported that 952 individuals participated in the baseline research survey conducted at 10 partner organizations, including the Kentucky National Guard, the Lexington Police Department, the Salvation Army, Employment Solutions, and multiple churches. The questionnaire covered participants' demographics and marital status as well as empirically validated instruments measuring relationship functioning, communication needs, and conflict status. One advantage of the BHMI approach is that university research staff can prepare individual reports for partner organizations describing the overall quality of their constituents' family relationships and pinpoint areas for relationship improvement as well as participants' interest in marriage education classes. UK originally administered the survey a second time to document participants' characteristics over time, but stopped because of a low response rate and feedback from partner organizations indicating a lack of client interest.

Management Information System Data Highlights of Participant Characteristics

UK has extensive research capacity to collect and analyze data. The BHMI developed a statistical database, including the survey and the participant workshop activity roster, in lieu of a formal Management Information System (MIS).

Between fall 2007 and late 2008, the program served 204 individuals. Because of problems linking the individuals participating in the research component to their activity rosters (discussed in Section 4.3), demographic information was available for only a subset of 64 participants. Therefore, the description that follows applies only to these 64 individuals.

Table 3-3 indicates that three-quarters of the participants with demographic information were female and one-quarter of participants were male. Over two-thirds of participants were White, 18 percent were African American, and only 2 percent identified themselves as Hispanic. The majority of program participants completed high school or a GED (40 percent) or some college and above (53 percent). Half of the participants were married and the other half were single. Notably, 43 percent of the survey respondents lived in single-family homes. Almost one-quarter of the participants with demographic information lived in temporary housing, such as a hotel or shelter. Temporary living spaces of a subset of the BHMI participants likely reflect the low-income population served by the Salvation Army or Employment Solutions, who may be more transient.

Table 3-3. Baseline demographic characteristics of individual participants in the Bluegrass Healthy Marriage Initiative from August 2007 to November 2008 (*N*=64)

Characteristics		Percent in each category
Client gender (*N*=64)	Male	25
	Female	75
Client race/ethnicity (*N*=51)	European American	69
	Hispanic/Latino	2
	African American	18
	Native American	2
	Other or Combination	10
Education completed (*N*=53)	8th grade or less	2
	Some high school	6
	High school degree or GED	40
	2-year college or technical degree	19
	Bachelor's degree	17
	Graduate degree	17
Marital status (*N*=64)	Married	50
	Single	50
Which of these best describes the type of housing you currently live in? (*N*=54)	Apartment, duplex, other multiple-family structure	30
	Single family house	43
	Manufactured home	4
	Temporary housing (e.g., hotel or shelter)	24

NOTE. Because of challenges encountered with matching class participant data and survey data, this information is available for a subset (64) of the total participants served (204).

As demonstrated in table 3-4, the BHMI participants reported incomes at both extremes of the spectrum. For example, approximately 30 percent of participants had annual household incomes of less than $10,000. Among the participants, 43 percent rated their economic situations as "in crisis" or "at risk." At the same time, about 20 percent of the participants rated their financial situations as thriving and very secure. Approximately a quarter of the participants had household incomes of more than $75,000 per year. These data indicate that the BHMI serves a subset of participants with broad income distribution. The extremes of the income distribution reflect the recruiting of participants from organizations that serve low-income families such as the Salvation Army and churches that serve families with higher incomes.

Table 3-4. Baseline income characteristics of individual participants in the Bluegrass Healthy Marriage Initiative from August 2007 to November 2008 (*N*=64)

Characteristics		Percent in each category
Household income before taxes? (*N*=49)	Less than $10,000	29
	$10,000–$24,999	14
	$25,000–$49,999	20
	$50,000–$74,000	12
	$75,000–$99,999	6
	$100,000–$149,000	14
	More than $150,000	4
Income sources (*N*=61)	K-TAP (welfare)	13
	General assistance	0
	Food stamps	20
	WIC	10
	Medicaid	15
	EITC	0
	SSI, SSDI, or other disability insurance	8
	Unemployment	2
	Worker's compensation	2
	Subsidized housing	7
	Subsidized childcare	5
Thinking about the needs of you and your household, overall how do you perceive your financial situation in life? (*N*=53)	Thriving	4
	Very secure	15
	Stable	34
	At risk	17
	In crisis	26

NOTE. Because of challenges encountered with matching class participant data and survey data, this information is available for a subset (64) of the total participants served (204).

The BHMI partners with several faith-based organizations. Table 3-5 indicates that nearly two-thirds of the participants are affiliated with a Christian nondenominational religious institution. Given the partners and service delivery at churches, a high proportion of the BHMI participants are moderately (39 percent) or very religious (29 percent). Approximately three-quarters of couples indicated a shared religious preference, which suggests that religious beliefs are likely not a source of conflict for BHMI couples.

Table 3-5. Baseline religiosity of individual participants in the Bluegrass Healthy Marriage Initiative from August 2007 to November 2008 (*N*=64)

Characteristics		Percent in each category
Religious Denomination (*N*=38)	Not applicable	7
	Christian—Roman Catholic	0
	Christian—Protestant	0
	Christian—Nondenominational	59
	Christian—Latter-Day Saints	4
	Jewish	0
	Muslim	0
	Buddhist	0
	Other	28
Religiosity (*N*=56)	Not religious at all	9
	Somewhat religious	23
	Moderately religious	39
	Very religious	29
Shared religious preference (*N*=52)	No	27
	Yes	73

NOTE. Because of challenges encountered with matching class participant data and survey data, demographic information is available for a subset (64) of the total participants served (204).

Participants' Involvement with the Child Support Enforcement System

Of the 204 BHMI participants during the 2007–2008 period of program operation, 46 matched in the child support system. Therefore, only 23 percent of the early BHMI participants had open child support cases, indicating that the population initially enrolled in the classes was not highly representative of the child support enforcement caseload.

The analysis presented in table 3-6 indicates that 58 percent of these 46 participants had multiple child support records. This analysis includes all records on a child support case. Of the 46 BHMI participants with any child support records, half were noncustodial parents, 46 percent were custodial parents, and 4 percent were child-only cases. Approximately 40 percent of the BHMI participants found in the child support caseload had one child on a case, 37 percent had two children, and 24 percent had three or more children. A

substantial proportion (85 percent) had established paternity for all or some of their children. A little more than 10 percent of the children in these cases were in foster care.

Table 3-6. Paternity establishment among the Bluegrass Healthy Marriage Initiative project participants from August 2007 to November 2008

Characteristics		Percent or Number in Each Category
Total number of participants who matched in the child support system:		46
Percentage of the total number of participants that matched in child support system (*N*=204):		23%
Does the participant have multiple child support cases? (*N*=45):	Yes	58%
	No	42%
Percentage of BHMI participants who are custodial or noncustodial parents on all cases (*N*=46):	Custodial only	46%
	Noncustodial only	50%
	Child	4%
Number of children (*N*=46):	1	39%
	2	37%
	3	15%
	4	9%
Established paternity for any children on all cases (*N*=46):	Yes	85%
	No	15%
Any children in foster care? (*N*=46):	Yes	11%
	No	89%

NOTE. Percentages may not sum to 100 percent due to rounding. Only open cases are included in the match.

Source: BHMI data for 204 class participants matched with State IV-D records.

Table 3-7 highlights that the largest number of cases were medical assistance cases (37 percent), followed by TANF cases that may or may not have arrearages (30 percent), non-public assistance cases (17 percent), and non-welfare cases with arrearages (11 percent). Only a few cases were not from child support enforcement or that were foster care related.

In addition to high paternity establishment, table 3-7 indicates that over three quarters of BHMI participants matched in the child support system had ongoing child support obligations. For participants with monthly child support orders, 23 percent did not have a monetary obligation ($0). One fifth of participants had an obligation of less than $100 in monthly payments, one fifth paid between $101 and $200 per month, and 29 percent paid between $201 and $400 monthly. BHMI monthly child support obligations averaged less than $200. Making partial and full payments each month was not typical among noncustodial parents enrolled in the BHMI program. Among participants, 26 percent made some payment in at least 1 out of 15 months. Only 4 percent made payments in 8 out of 15 months. Very few participants (17 percent) made the full payments as ordered in 1

month. No participants made full payments in half of the months during the period examined.

Table 3-7. Child support orders among the Bluegrass Healthy Marriage Initiative participants from August 2007 to November 2008

Characteristics		Percent or number in each category
Total number of participants who matched in the child support system		46
Percentage of the total number of participants that matched in child support system (*N*=204)		23%
Any child in record is covered by a child support court order (*N*=46)	Yes	76%
	No	24%
Case type (*N*=46)	Aid to Families with Dependent Children	17%
	Non-Aid to Families with Dependent Children arrearages	11%
	Aid to Families with Dependent Children or foster care arrearages	13%
	Foster care	2%
	Medical assistance	37%
	Non IV-D	2%
	Non-public assistance	17%
For participants with an active child support order and fin info, amount of child support obligation (*N*=23)	$0	23%
	$1–$100 monthly	20%
	$101–$200 monthly	20%
	$201–$400 monthly	29%
	$ >400 monthly	9%
Average monthly child support payment ($)		192
Noncustodial parent has made payments in at least 1 out of 15 months (*N*=23)	Yes	26%
	No	74%
Noncustodial parent has made payments in at least 8 out of 15 months (*N*=23)	Yes	4%
	No	96%
Noncustodial parent has made payments as ordered at least 1 out of 15 months (*N*=23)	Yes	17%
	No	83%
Noncustodial parent has made payments as ordered at least 8 out of 15 months (*N*=23)	Yes	0%
	No	100%

NOTE. Percentages may not sum to 100 percent due to rounding. Only open cases are included in the match.

Source: BHMI data matched with State IV-D records.

Perspectives of Selected Participants

Service delivery was suspended at the time of the 2008 site visit because of the lack of a contract between UK and the BHMP; therefore, no participants were interviewed.

3.6 Conclusions

Funded by seed money to facilitate writing the Federal proposal, the BHMI's university-community partnership began with a highly motivated group of scholars and community organizations poised to engage the community in the project's three key components: community awareness, research, and increasing access to healthy marriage and relationship education services. However, over time, a number of project challenges surfaced. For example, the roles and responsibilities between the project's two main partners, UK and BHMP changed such that neither was well defined nor agreed upon. This ambiguity, along with key staff turnover and delays in IRB approvals, led to several startup obstacles for the research and service delivery components, and weakened the collaborative partnership. Another significant hurdle was the lack of funding to pay for curricula to distribute to service providers who had been trained to deliver services. The BHMI addressed these challenges by changing the service approach from a train-the–trainer model to contracting directly first with the BHMP and then IDEALS of Kentucky to provide education classes and materials to partner organizations' clients.

Building a broad and far-reaching network of community and faith-based organizations to help increase access to healthy marriage and relationship educational services to diverse families in the Lexington metropolitan area was the BHMI's original vision. Strengthening a local network of partners and formulating a community campaign drew attention to pressing family structure issues, such as high divorce rates and domestic violence, that local providers were addressing individually but not in a unified manner. The BHMI's goal was to define these family issues as important to the entire community, and to help organizations develop strategies to improve healthy marriage and family relationships rather than just react to the family crises after they already occurred.

The BHMI was successful in engaging a diverse range of organizations—such as the Police Department, the National Guard, and several churches and community groups—to consider the family issues of their members and allow staff to attend workshops to learn about couples' communication techniques and other strategies aimed to improve single individuals' relationship decisions, couples' relationship quality, and preventing family crises. One success of the BHMI project noted by interviewees is the domestic violence video jointly produced by UK and BHMP Advisory Board members. The video is reported to be a tool other sites use to help increase awareness about domestic violence in the context of educational programs seeking to improve relationships.

Additionally, the BHMI has been able to begin leveraging the local network to potentially sustain some activities after Federal grant funding ends. UK researchers are applying for Federal funding to provide a marital intervention with one of their partners, the National Guard, and to evaluate the results. UK staff noted that collaborating with other Federal

grantees and community partners to build a statewide network to provide healthy marriage and relationships services to TANF recipients could potentially sustain the BHMI network.

While BHMI coalition building efforts were successful, marriage education service delivery was limited and unevenly dispersed throughout the community partners. Several barriers to service delivery were encountered. Interviewees cited barriers to their offering education classes, including the perceived strenuous relationship between UK and the BHMP, which led some partners, especially those with strong relationships with UK or BHMP Board members, to decline participation in service delivery. Some partners expressed their belief that the BHMI was initially concerned more about the research component rather than service delivery, and did not receive adequate staff or financial support from the UK or BHMP to market or help recruit participants for HMR classes. Other partners indicated that their clientele were already overscheduled and were not interested in adding healthy marriage classes to their schedule. One partner indicated that despite the staff's best efforts, the organization's employees who participated in the research survey did not see the relevance of enrolling in a series of HMR classes or think it was appropriate to discuss private family issues such as marriage and couple relationship issues at work. Limited strategies have been developed by UK or the partner organizations' to overcome these recruiting challenges.

Although the BHMI provides general information about child support via handouts in HMR classes, the child support component has not been a focus of the project. Interviewees discussed some attempts (e.g., meetings) to develop better partnerships between UK and the local child support offices, although these efforts did not improve staff coordination or couple recruitment and referral efforts. New evidence from the research results generated by the UK surveys of almost 1,000 respondents could help child support agencies and community partners clarify the quality of local families' marriage and relationships. Additionally, the links to outcomes could help generate support, among a community coalition of diverse organizations, for delivering more services in this area.

4. THE LOUISIANA HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD COMMUNITY DEMONSTRATION INITIATIVE

4.1 Introduction

The Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative is a first-time partnership between the Louisiana Department of Social Services (DSS), Office of Family Support (OFS), Support Enforcement Services (SES), and Total Community Action (TCA) of New Orleans, a nonprofit community-based agency providing multiple services to low-income families. Families Matter! (FM), TCA's healthy marriage and education program, uses a case management model to provide two principal services: (1) healthy marriage and relationship (HMR) educational classes for mothers, fathers, and couples with incomes below the Federal poverty line and (2) access to TCA's comprehensive services and referrals.

Based on research indicating that children in two-parent families have a lower incidence of childhood poverty, the FM educational program, which was designed to improve relationships and family stability in low-income families, was seen as a natural fit with TCA's mission to reduce poverty. As one staff member described FM, "This is a program of ordinary people from ordinary neighborhoods making commitments to relationships."

The core focus of the FM program includes helping low-income parents to address economic and individual barriers to healthy relationships and marriage by

- providing assessment, case management, and referrals for needed services;
- improving couple communication through HMR classes; and
- increasing access to child support services.

Target Population and Geographic Scope

The FM program set a goal of providing in-depth services to 300 families. This target number has not changed since the original proposal; however, the original grant application proposed to target only unmarried couples with children. As the FM program evolved, staff became aware that both single parents and married parents needed services to help strengthen couples and co-parenting relationships. Therefore, the eligibility criteria were broadened to define an eligible family as a household with at least one parent with a child or expecting a child. Other requirements for participation include (1) being age 18 or older, (2) residing in Orleans Parish or Jefferson Parish, and (3) having a gross family income under 200 percent of the Federal poverty line.

In general, the participants in the program are geographically dispersed throughout the two designated parishes. HMR classes are delivered to low-income parents, and many families live within a federally designated Renewal Community.[1]

FM services incorporate a family assessment as well as service referrals to HMR classes and to services to address a variety of other needs, such as education, job training, substance abuse counseling, domestic violence, social services, Head Start, and housing. All FM participants must meet eligibility requirements and have a family assessment, which allows them to access case management services. According to FM staff, all participants who receive in-depth services participate in at least one HMR education class.

Funding

The 3-year Child Support Enforcement demonstration Section 1115 waiver was approved in April 2004 and provided $924,000 in funding, which was matched by $476,000 from pre-Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) incentive funds from the State of Louisiana. After convening an initial community coalition and designing the new education program, the FM program began recruiting efforts for the educational and case management services in spring 2005.

Soon after service delivery startup, the devastation to TCA's infrastructure caused by Hurricane Katrina in August 2005 shut down program operations for more than a year. Despite the lack of physical infrastructure, service delivery recommenced in October 2006, with FM staff hosting educational seminars around New Orleans. In 2008, after TCA facilities were rebuilt, full program case management and educational services were implemented. Given the delay in program implementation, the demonstration site received a no-cost extension to continue service delivery until mid-2010.

Organizational Structure and Staffing

DSS staff partnering with TCA staff wrote the initial grant, which was awarded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement. DSS/SES is the primary Federal grantee and maintains fiscal oversight of the FM program. Louisiana subcontracts service delivery to TCA. The active involvement of the State SES staff helped facilitate the development of a solid partnership between TCA outreach specialists and the local parish SES office.

Founded in 1964, TCA, the DSS/SES community partner, serves low-income families at multiple locations in Orleans Parish. In addition to the FM program, TCA operates several Head Start centers and delivers multiple federally funded programs, such as energy

[1] Administered by the U.S. Department of Housing and Urban Development, the Community Renewal Initiative provides tax incentives for businesses to locate in designated high-poverty neighborhoods. Retrieved January 6, 2010, from http://hud.gov/offices/cpd/economicdevelopment/programs/rc/index.cfm

assistance, individual development accounts (IDAs), and free tax preparation assistance (Volunteer Income Tax Assistance).

The FM program is staffed by six TCA employees who are involved in FM operations. Each TCA staff member typically serves more than one role on the FM program. The Project Director is responsible for outreach efforts to develop the partnership base for recruitment, attending public FM events, and day-to-day program operations, including the class arrangements. The Project Director also facilitates the HMR classes for mothers. In 2008, the Project Director resigned, and a case manager/facilitator assumed this role. The former Project Director began a new career but remains involved in the project as a consultant to DSS/SES to help with grant administration of the FM program.

In addition, two outreach specialists (one male and one female) conduct recruiting efforts. One outreach specialist focuses exclusively on recruitment efforts at the University Hospital, which is one of the FM program's primary partners. The other outreach specialist recruits participants in various locations and co-facilitates the HMR classes for fathers. Two male case workers also facilitate the HMR classes for fathers and couples. Moreover, these case workers/facilitators travel to partner organizations, such as Healthy Start and a substance abuse treatment program, Living Witness, and provide classes on site when requested.

Other TCA staff involved with the FM program include an administrative assistant, who provides clerical support and Management Information System (MIS) data entry, and an MIS specialist who helped design the MIS and generates program reports.

Policy Environment

In general, the policy environment in Louisiana bolstered the startup of FM program operations. In 2002, prior to the availability of Federal grant funding, DSS commissioned a background study focusing on family formation among low-income parents in Louisiana.[2] Based on the initial research findings and input from national marriage education and research experts, DSS funded the development of two informational guidebooks about healthy marriage and relationships: one targets a general audience,[3] and one specifically targets unmarried parents raising children together.[4] These guidebooks are used in the FM program as marketing and recruiting materials that are distributed to potential participants and displayed in hospitals and other agency waiting rooms. In addition, DSS commissioned

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[2] The initial study and additional follow-up research are described in this report: Mincy, R.B. and Pouncy, H. (2007). Baby fathers and American family formation: Low-income, never-married parents in Louisiana before Katrina. New York: Institute for American Values. Retrieved January 5, 2010, from http://center.americanvalues.org/?p=64

[3] Office of Family Support, Department of Social Services. 2003. Marriage Matters! A Guide for Louisiana Couples.

[4] Office of Family Support, Department of Social Services. 2003. Raising Your Child Together: A Guide for Unmarried Parents. Retrieved January 4, 2010, from http://www.dss.state.la.us/assets/docs/searchable/OFS/GuideMarriageChild/Raising_Child_Together.pdf

a new curriculum, Exploring Relationships and Marriage with Fragile Families,[5] which focuses on healthy marriages and relationships among low-income, unmarried, African American parents who are single or in couple relationships. The Fragile Families curriculum and participant workbooks are used in the HMR classes at no cost to the program or participants.[6]

In addition to these initial State policy efforts, a 2008 executive order reestablished the Governor's 29-member Louisiana Commission on Marriage and Family[7] to continue the State's efforts to propose and evaluate marriage-related programs to strengthen families. Continued focus on healthy marriages at the State level may help to sustain FM program efforts beyond the conclusion of the grant period.

As described by key informants, the support and program experience of State and local DSS/SES staff contributes positively to FM service delivery. In particular, interviewees discussed a Federal Office of Child Support Enforcement Special Improvement Project (SIP) grant awarded in 2005 to deliver healthy marriage education and child support services to reentering prisoners. For the SIP grant, SES staff developed child support modifications for low-income families that were also offered to FM participants. State SES staff also facilitated building a solid linkage between FM and the local child support offices to aid in program recruitment and referrals. Multiple stakeholders agreed that high-level DSS staff recognize that child support involvement in community-based partnerships focused on HMR services can be helpful in providing a second service tier for unmarried parents in the event that a relationship dissolves.

4.2 Program Planning and Design Phase

Families Matter! Project Goals

A comprehensive needs assessment of low-income families conducted in 2000 by the Louisiana Division of Administration determined that New Orleans would be the focus of HMR services because it represents the highest number of unmarried parents in Louisiana, a high percentage of fathers who had not seen their children in 1 year, and the largest concentration of recipients for Temporary Assistance for Needy Families (TANF) in the state.

Given the high rate of unmarried parents and the limited involvement of fathers in children's lives, the overall goals of the intervention, as specified in the Section 1115 demonstration waiver, include

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[5] Center for Urban Families. Exploring Relationships & Marriage Curriculum Trainings: Couples, Mothers, & Fathers. Retrieved December 15, 2009 from http://www.cfuf.org/relationships_marriage

[6] This curriculum is also used in the Chicago and Boston Section 1115 demonstration waiver sites.

[7] Louisiana Commission on Marriage and Family. Executive Order BJ 08-50. Retrieved January 2, 2010, from http://www.healthymarriageinfo.org/docs/louisianaexecutiveorder.pdf

- increasing the number of low-income children raised in stable married families with healthy relationships;
- increasing the number of healthy marriages in the New Orleans area; and
- supporting child support enforcement goals, including
  - improving compliance with support obligations by noncustodial parents, when needed,
  - increasing paternity establishment for low-income children born to unwed mothers,
  - collaborating with court agencies to ensure support for children for whom child support is requested, and
  - directing intervention with two-parent intact and single but co-parenting households to emphasize the importance of financial and emotional support for children.

The principle activities for FM to achieve the overarching goals specified in the Section 1115 waiver include

- expanding the existing Greater New Orleans coalition of churches and community organizations that will provide relevant services,
- developing and delivering a media campaign,
- providing case management referrals to child support establishment and enforcement services,
- conducting training workshops for staff,
- integrating marriage activities with ongoing programs,
- tracking interventions, and
- providing referrals.

Interviewees suggested that the overlap between the goals of healthy marriage and child support occurs at the level of the child. Although the preference of all stakeholders involved in writing the grant is to encourage the development of two-parent married families, the HMR classes can help lessen negative communication issues between parents experiencing conflicts. From the perspective of SES and TCA staff interviewed, the FM program encourages parental responsibility and better communication between parents, regardless of whether couples are married. For unmarried or divorced participants, the FM program can help encourage parents to accept responsibility for their children, which includes not only meeting financial obligations but also visitation and the involvement of noncustodial parents in children's lives.

4.3 Program Planning and Design Changes

Program Operations Prior to Hurricane Katrina

Because research shows that unmarried couples begin parenthood with high aspirations for staying together to raise children, the FM program is based on a case management model providing linkages to support services and HMR educational services to unmarried parents soon after a child is born. Research also indicates that fathers are involved with mothers at the time of birth, which can facilitate the recruitment of both members of a couple from hospital waiting rooms to capitalize on a time point where educational programs may be the most useful.[8]

Based on this logic model, the FM program initially targeted unmarried parents and recruited from maternity wards, prenatal clinics, and an in-hospital paternity establishment program. To address the broader community emphasis of the Community Healthy Marriage Initiative (CHMI), parents would also be recruited from other programs serving low-income parents, such as well-baby clinics, public housing projects dispersed around New Orleans, and DSS, specifically, SES. The HMR classes could be provided at the TCA offices or at the community partners' locations.

Prior to Hurricane Katrina, the FM program had been operating for about 5 months. Several challenges with the initial service delivery approach were identified early in program development. First, stimulating the demand for services was difficult. Contrary to the Fragile Families' research, FM staff did not find that low-income fathers were present in waiting rooms and maternity wards. Second, new Health Insurance Privacy and Accountability Act (HIPAA) rules prevented FM staff from obtaining fathers' contact information from medical facilities for follow-up. Third, after childbirth, many unmarried mothers focused on their babies and were not immediately interested in the HMR educational programs. Fourth, FM staff encountered more married than unmarried couples who were interested in services. Fifth, retention was problematic for the parents that enrolled.

Program Operations: First Year Post-Hurricane Katrina

In August 2005, Hurricane Katrina struck, and TCA's main office housing the FM program was destroyed along with all paper files and computer servers. Consequently, many historical files and resources were lost. In addition, some FM staff did not return to work after the hurricane. TCA received Federal Emergency Management Agency (FEMA) funding to provide services for remaining staff to deal with their crises and also better prepare them to deal with families' needs. The destruction shut down the FM program for more than a

[8] Bendheim-Thomas Center for Research on Child Wellbeing. Fragile Families Research Brief: Dispelling Myths about Unmarried Fathers. Retrieved January 6, 2010, from http://www.fragilefamilies.princeton.edu/briefs/researchbrief1.pdf

year. In addition, University Hospital, the main service delivery partner, closed for 18 months.

Key stakeholders associated with the FM program identified several challenges with providing services post-Hurricane Katrina:

- There was staff turnover among several of the original program and local child support staff.
- TCA vans were destroyed, and there was no operational public transportation.
- TCA offices and staff were scattered across the city, and providers were disconnected from families.
- Families and staff suffered from trauma.
- The program lost the volunteer base of mentor couples and volunteers from the faith-based collaborative.
- The program had to focus on the immediate needs of families in addition to conducting the HMR classes.
- The Project Director had to disseminate programs and services "on the streets" rather than using public messaging campaigns. This required the Project Director to go beyond the hospital and into the community.

Focusing on rebuilding the program, the Project Director stayed on and worked out of an undamaged part of the TCA offices. For more than a year, the Project Director worked part time to identify organizations that needed help with supporting families in crisis. The Project Director, who was also a trained facilitator, delivered the HMR classes at different organizations serving parents, such as Healthy Start and the NFL Youth Education Town, which is an education and recreation center constructed by the National Football League. While rebuilding the FM program, the project was able to help community partners provide an additional level of services for traumatized families by teaching parents to use their communication skills productively within families and to express feelings associated with being victims of a natural disaster and their ensuing displacement. Another key activity of the FM program cited by interviewees was helping families connect with often difficult to find emergency and housing services. Based on these initial challenges, the FM staff changed the target enrollment groups to include single parents and married couples with children, and experimented with different class schedules to better mesh the program schedule with families' schedules.

Program Operations: Second Year Post-Hurricane Katrina

In fall 2006, the FM program formally resumed operations by hiring new outreach and case management staff and by renewing and identifying new community partnerships to recruit couples and single parents. One of the main service delivery partners, University Hospital, also reopened.

Recruitment and retention issues, however, still proved to be challenging. Therefore, several program model changes were implemented. For example, FM staff worked with couples in their own homes if they were unable to attend the group session and provided referrals to meet basic needs; however, staff also spent time discussing how the classes could help improve communication and decrease stress and conflicts. Reaching out to a variety of families in need helped broaden the community base served by the FM program.

Challenges also were identified related to starting a new set of services within a well-established community organization operating multiple programs. TCA staff in other departments expressed concerns about how the FM program, which identifies couples' living arrangements, could negatively impact participant eligibility for other programs such as TANF. Also, compared with other programs, FM was not well funded; therefore, staff in other TCA departments were wary of the FM program's use of existing organizational resources.

Stakeholders also noted the perceived overlap in the FM classes and Head Start parent education classes. Although FM services could be seen as a second set of services to follow Head Start parent education classes, the reality described by staff is that it takes a great deal of effort to get parents to attend any educational classes. Therefore, TCA program staff outside the FM program concentrated on motivating parents to attend the Head Start classes; thus, they did not have a large pool of parents to make referrals for additional (i.e., FM) classes. Although limited, referrals were provided for Head Start parents who completed Head Start classes and would likely benefit from the FM classes. Interviewees noted that, to some extent, the challenges with cross-referrals and resource sharing within the organization dissipated over time as working relationships developed and the FM program's reputation solidified.

Program changes during this rebuilding period included dropping the recruitment of mentors through faith-based partners that were focused primarily on addressing congregants' needs; increasing recruitment at agencies that TCA partnered with during recovery efforts, such as the DSS Office of Family Support (e.g., TANF and Supplemental Nutritional Assistance Program [SNAP]); increasing efforts to obtain referrals from TCA programs, especially Head Start; and instituting rolling admissions to the HMR classes so that participants could start classes immediately in the middle of the series rather than waiting for the end. With these changes in place, full FM service delivery was back in place in summer 2007, nearly 2 years after Hurricane Katrina.

Key Partners and Community Coalition

Although DSS/SES and TCA, the two primary partners, had experience delivering services to low-income parents, they had not worked together before. The stakeholders interviewed noted that in starting up the new FM program, some initial skepticism existed among both partners. To help facilitate project startup, the State-level SES staff took an active role,

including helping to write the grant, facilitating relationships between the local offices and TCA staff to conduct recruitment, participating in the curriculum training sessions, and collecting baby gifts and clothes from child support staff to distribute to new parents participating in FM services.

Prior to the grant, TCA was known in the community for local "walking and talking" (known as "Walker-Talker") outreach efforts to a variety of groups, including community organizations, churches, barbershops, and beauty salons. TCA also worked with a preexisting faith-based coalition called the Faith Collaborative, comprising approximately 50 churches. Prior to Hurricane Katrina, the FM program targeted a core group of organizations, such as University Hospital, which would provide the main referral base for the FM program. To reach beyond their initial partners, TCA had begun to convene broader community coalition meetings to establish a diverse group of organizations to provide referrals and spread the word about the new program. FM staff also engaged the Faith Collaborative to identify married couples willing to help establish a mentoring program for interested unmarried couples.

After Hurricane Katrina, efforts to form the coalition for the FM program needed to be rekindled. However, given the post-disaster needs of their congregants, the faith-based groups lacked a sufficient volunteer base to establish mentoring programs. With the devastation of New Orleans, many of the community-based organizations focused initially on their own rebuilding efforts. TCA restarted the coalition by focusing on family support service providers, such as Healthy Start and Head Start centers. Gradually, more organizations became interested, and the coalition grew to nearly 30 organizations (table 4-1). At the time of the 2008 site visit, a small core group of organizations, including the reopened University Hospital, allowed TCA to conduct outreach on site or were active in recruiting participants for classes. Most organizations, however, were still developing an interest or had not had time for active recruitment.

Table 4-1. Organizations with partnership agreements with the Families Matter! program in 2009

- Acorn Housing Corp.
- Armstrong Family Services
- Central City Housing Development Corp.
- Children's Bureau
- Children's Defense Fund
- City of New Orleans
- Common Ground Health Clinic
- Crescent House Healing and Empowerment Center
- Delgado Community College
- Desire Community Housing Corp.
- El Yo-Yo Early & Pre-school Head Start
- Even Start
- Healthy Start New Orleans
- Juvenile Court—FINS Program
- Keldon Center Inc.
- Legacy of Love Maternity Home
- Living Witness Community Social Service
- Louise Head Start
- Louisiana Spirit
- LSU Ag Center
- NFL Youth Education Town
- Salvation Army
- St. John The Baptist Head Start Center
- Southern University
- Support Enforcement Services
- TCA Head Start Program
- The Eyes Have It Inc.
- Trinity Christian Community
- University Hospital
- Welcome Home Center
- Xavier University of Louisiana

Lessons Learned from the Startup Phase

Key stakeholders interviewed noted several lessons learned from the extended startup phase of FM service delivery:

- Be open to dialogue across departments to eliminate silos and increase coordination, collaboration, and linkages between programs.
- Plan to have at least one cross-department face-to-face discussion per month.
- Establish an inter-program liaison to facilitate communication between programs and to build practical linkages.
- Family advocacy must recognize families' perspectives and reflect an understanding of where families are and identify realistic changes.
- When designing programs addressing sensitive topics, establish a large community coalition to build credibility, trust, and confidence.
- When designing programs that target low-income families, consider nontraditional hours and service incentives.
- Recognize recruiting limitations within the anchoring community-based organization and identify reliable partners that have verified access to the target population.
- Develop a system to collect reliable data on all participants.

- Gauge program outcomes and set up data systems to collect information about the dynamics of change within the family unit and how families move through FM case management and the TCA service system.

4.4 Initial Operations and Services

Recruitment Strategies

Initially, the FM recruitment strategy focused on a local hospital, targeting prenatal clinics and maternity wards (labor, delivery, and postpartum). FM staff developed a relationship with administrative staff and nurses who allowed FM outreach workers to set up a recruiting station in a cubicle in the waiting room. Subsequently, FM staff made follow-up calls to the list of interested parents who met eligibility criteria to schedule the intake assessment and enrollment in classes.

Developing a broader strategy after Hurricane Katrina, recruitment expanded to target the waiting rooms of several agencies that provide services to low-income parents and couples, including various DSS program offices in New Orleans, such as SES and the TANF/SNAP program. Recruitment also took place at the juvenile court and Head Start centers. Typically, outreach specialists started recruitment discussions with potential participants by talking about children and the benefits of healthy co-parenting relationships.

A variety of other recruitment sources generated smaller numbers of participants, including such programs as Healthy Start, Job Corps, and Women, Infants, and Children (WIC). Referrals may ebb and flow from these agencies, and it was reported that they depend to some degree on personal relationships established between the FM staff and program staff. New relationships are being cultivated with two universities and other faith-based organizations (FBOs) (e.g., Catholic Charities) and CBOs (e.g., Legal Aid). Moreover, FM staff conduct outreach in community venues frequented by local families, such as barbershops and restaurants.

Several recruitment challenges arose as a result of Hurricane Katrina and startup of a new set of services. Post-Katrina recruitment issues identified by staff include the lack of privacy in hospital and agency waiting rooms to ask sensitive eligibility questions about family income, and participants' poverty, including lack of telephones and homelessness. SES attempted to directly target the child support population by mass mailing FM program fliers and invitations to parents who had recently completed the in-hospital paternity acknowledgments; however, this approach did not substantially increase enrollment and subsequently was discontinued. Although interviewees noted the success of recruitment and outreach efforts, they also indicated that many participants express interest and sign up for the initial FM classes, but only a small proportion of those interested attend.

Intake and Screening

When individuals are referred to FM services, the first step is to determine eligibility based on income, age, and the presence of children. If eligible, parents are then referred to FM case managers who conduct intake and a social assessment, including questions about domestic violence, employment, housing, safety, legal issues, child support, childcare, and relationships with other parents. The case manager develops a case plan delineating participants' needs, service objectives, and intervention action steps. As part of the case plan, the case manager provides information about TCA services and FM services, including a description of the HMR classes and the service providers that attend FM classes to provide information about different services in New Orleans, such as legal aid. In addition, domestic violence screening questions are included in the assessment.

After the assessment, participants are immediately eligible to attend FM classes. If it is near the end of the 8-week class cycle, participants can wait until the next series begins. During the 2-week break between the 8-week class series, case managers, who also serve as facilitators, meet with participants to get them acquainted with the curriculum.

Some TCA staff reported that FM participants could receive priority on waiting lists for TCA services, such as slots in Head Start centers. Other interviewees and FM staff did not have knowledge of the enhanced priority of FM participants on program waiting lists. However, in consultation with State and Federal partners, it was the policy of FM not to enter into agreements giving FM participants priority status in any of the TCA programs.

If individuals do not meet eligibility requirements for the FM program, they are not able to attend the HMR classes but may be referred to other TCA services. Occasionally, because there are rolling admissions to classes, individuals may bring guests (friends and family members) to the HMR classes without an assessment. In these instances, the guests can observe the class. If they are interested in participating in FM, a case manager is assigned, eligibility is determined, and an assessment is completed before they can attend another class.

Curriculum and Programs

The FM program uses a relationship education curriculum designed to reach the fragile family populations. The curriculum developers used the New Orleans population as the site for focus groups when developing the curriculum, which was developed primarily for an African American audience. Three types of group classes are held: for couples, fathers, and mothers; each comprises eight 2-hour classes that run weekly. Participants may enroll in classes at any time during the 8-week period and must attend at least six classes to graduate.

A typical class convened at TCA in the evening begins with the arrival of parents and children via FM-arranged transportation or their own transportation. Dinner is served, and

an invited speaker from one of the various referral agencies provides information about available social services. While children engage in activities with the childcare providers, parents can talk to providers one on one about available services and make appointments. Table 4-2 depicts a typical 8-week FM class schedule. After 8 weeks of classes, there is a 2-week period when parents are offered make-up classes to complete all the different curriculum topics. The same class format is offered by TCA facilitators at partner organizations. Depending on the setting, however, invited speakers and childcare may not be provided.

Table 4-2. Typical 8-week series of classes for the Families Matter! program

Class 1	***Couples*** Nurturing feelings of affection ***Singles**** Relationship challenges and how to deal with them **Tax Assistance—Get an income tax check even if you didn't pay taxes**
Class 2	***Couples*** Qualities of a healthy relationship/showing understanding ***Singles*** Requirements for a healthy relationship and barriers to one **Employment Assistance—Job placement and training; free job transportation**
Class 3	***Couples*** A "re-introduction" to your mate ***Singles*** TLC—talking and listening with care/"funky communication" **Childcare Assistance—How to apply for free childcare**
Class 4	***Couples*** TLC—talking and listening with care/"funky communication" ***Singles*** Fair fighting/soft-style to discussing issues **Medical Assistance—Apply for assistance for private medical and dental care**
Class 5	***Couples*** Identify the "Big Issues" and sources of help with them ***Singles*** Separate the myths from the facts about marriage **Support Enforcement Services—Free/low-cost DNA testing/visitation issues**
Class 6	***Couples*** Common communication barriers ***Singles*** The five "C's" of marriage **Home Funds—Apply for assistance with housing, appliances, and homeownership**
Class 7	***Couples*** The five love languages ***Singles*** Married mentor panel discussion **Education/Business—Find money for school or GED prep or to start a business**
Class 8	***Couples and Singles*** Planning for the next phase of a relationship
Graduation	***Couples and Singles*** Graduation

SOURCE: Based on a Families Matter! flier that is distributed by TCA to potential participants.

*Singles refer to classes taught to individual mothers and father. These mothers and fathers may or may not be in a relationship. They attend by themselves without partners.

One of the strengths of the FM approach described by interviewees is that staff are "willing to meet families where they are." Variance in the presentation of the curriculum was noted

with some staff adhering strictly to the content and format and others adapting the topics to fit the audience. When there are portions of the curriculum that do not resonate with class participants, one staff member said, "we veer away from the curriculum to make it more relevant to the community. We use about 45 percent of the original material. We also improvise curriculum where curriculum is outdated and does not fit our participants." This practice started after the original Project Director resigned.

Most of the FM staff were not trained facilitators prior to the FM program. The original Project Director was trained to facilitate the curriculum and also attended the train-the-trainer seminar. Subsequently, the Project Director trained all of the FM program facilitators. One of the newest facilitators was not formally trained in the curriculum but shadowed an experienced facilitator and co-facilitated for a year before taking over the HMR classes for couples.

Domestic Violence Referrals

All TCA case managers/facilitators are required to attend domestic violence awareness training. A domestic violence assessment is part of the FM program enrollment process, wherein participants are asked a series of questions about whether they are in a hurtful relationship. If domestic violence issues are identified, the FM program domestic violence protocol is initiated. Two community partners provide domestic violence services to the project. Couples are not allowed to attend classes together if domestic violence issues are identified as part of the assessment or during classes. On a case-by-case basis, parents with a domestic violence history can attend classes but are strongly encouraged by their case managers to seek help and support from the domestic violence providers. The FM program has found that few families have divulged information about domestic violence during classes. If domestic violence is noticed or revealed, referrals are initiated immediately.

Linkages to Other Services

Neither child support nor domestic violence is covered specifically in the FM curriculum; however, these topics may come up in the discussion and are addressed when they arise. Child support is addressed during the assessment and if someone raises the issue during class. The local Child Support Office is included as the invited service provider for one of the classes, and participants are able to obtain information about child support. In one instance, a child support representative was in the back of the room observing a class, and numerous participants asked questions after the class ended.

TCA services include mentoring, early childhood education (Head Start), after-school tutoring, dropout prevention, drug court services, domestic violence training, services to former inmates to assist them in finding jobs, housing assistance, weatherization

assistance, independent living services for youths preparing to leave foster care programs, and an asset-building program.

Retention Strategies

Retention was identified early on as a challenge because of childcare problems, family crises, lack of job flexibility, nontraditional work hours, and transportation issues. FM staff identified other retention issues as well, such as privacy concerns, embarrassment about relationship problems, low self-esteem, participants needing too much hand-holding, and some couples wanting "quick fixes."

To help bolster retention, the FM program decided to hold classes at night for parents who worked during the day. Classes are also held during the day, as needed, to accommodate nonworking parents who have children in school or parents who work nightshift jobs.

In addition, the FM program provides support services and some incentives to participate, such as providing childcare by the Head Start staff if classes are held at TCA and paying for private transportation to pick up and drop off families. FM staff give out donated goods, such as passes to local events provided by local businesses and community-based organizations, as well as baby clothes and supplies donated by SES staff. Make-up classes are also given after each series of classes is completed. The FM program holds a family-friendly graduation ceremony at locations such as on a riverboat cruise and at the zoo.

Moreover, SES offers reductions in State-owed child support arrearages by up to 25 percent as an incentive to participate in the FM program. Reductions in State-owed arrearages can take place when participants are accepted into the program (5 percent), after completing five classes (5 percent), and upon graduation (5 percent). In addition, if participants successfully cooperate with DSS by making consecutive payments for 6 months, State-owed arrearages will be reduced by an additional 10 percent. Interviewees report that only a few participants have used this incentive because most families do not receive public assistance and thus do not owe arrearages to the State.

Media Campaign and Community Outreach

Prior to Hurricane Katrina, the project contracted with a local media firm to develop public service announcements (PSAs), radio and television advertisements, brochures, and posters. The first component included producing outreach advertising for public buses. The first DSS-approved ad was rolled out in the same month that Hurricane Katrina struck. After the hurricane, the FM program put the extensive media campaign on hold and refocused on less costly advertising methods, such as brochures, fliers, and a small number of PSAs. A PSA was produced in July 2005, shortly before Hurricane Katrina, and was broadcast in 2007 and 2008 on a public access station.

In the aftermath of the hurricane, TCA relied on community outreach, which consisted of one FM staff member making in-person visits to organizations to spread the word about the program. FM staff continued these outreach efforts by attending community social service, school, and cultural events to set up booths, pass out brochures, and talk face to face with parents about FM services. Staff also noted that word of mouth has been important to publicizing the new program. Thus, TCA recently hosted a special event, "Black Marriage Week," during African American History Month and in collaboration with the National Black Marriage Day celebration. FM staff hosted activities focused on promoting positive family relationships and healthy marriages. In addition, DSS sponsors an annual "Baby Booth" at the Louisiana Support Enforcement Association (LSEA) conference that promotes the FM program and accepts donations of new items for children up to 10 years of age that are given to FM graduates.

4.5 Families Matter! Participant Characteristics and Experiences

Class Participant Information

Since the FM program restarted in 2006, staff have documented attendance at all program events and obtained participant information to add to the Client Social Service Tracker (CSST) system. Participants are considered to be "active" if FM staff have attempted to follow-up with participants to complete an assessment. Individuals who complete an assessment receive case management and complete fewer than six out of the eight classes are considered to be "families provided in-depth services but did not graduate." If individuals enroll in the HMR classes and complete six out of eight classes, they are deemed to be "graduates."

The total number of graduates, as of March 2009, was 178 individuals. These participants completed at least six of the mothers, fathers, or couples series of classes. By November 2009, 226 participants had completed six out of eight classes and, in total, 623 families had been provided in-depth services and had attended at least one class, representing a 36 percent graduation rate. In addition, nine marriages occurred among program participants during the program period.

Management Information System (MIS) Data Highlights of Participant Characteristics

Participant data collected for the FM program are maintained in the CSST online database. CSST is a software application developed specifically for social service agencies. CSST is physically located on its own server at the office of the software developer outside of Louisiana. Because Hurricane Katrina destroyed TCA's previous server, off-site data storage is a critical improvement in the agency's data collection procedures and participant tracking capabilities. TCA plans to expand the use of CSST to track individuals across multiple

programs in order to accurately count cross-program referrals and standardize intake procedures.

TCA administrative staff and FM case managers are the staff primarily responsible for entering participant information into the CSST system. The staff maintain individualized case records that can be linked across couples. FM administers a follow-up survey to participants that thus far has had a low response rate.

The MIS data, including 178 graduates that were transferred in March 2009, indicate that a majority of FM graduates in the MIS are female (67 percent) and between the ages of 19 and 35 (62 percent), while another 23 percent of participants are between the ages of 35 and 44. The mean age among participants is 33. FM programming is designed and targeted toward an African American population, and the racial composition of participants reflects that goal (more than 95 percent African American). A majority of participants are single and have never been married (66 percent), while another 25 percent of participants are married (15 percent are married and living together, 10 percent are married and living separately). Among participants, 6 percent are divorced, and 1 percent are widowed. See table 4-3 for additional detail on the characteristics of FM program graduates.

Table 4-3. Selected characteristics of graduates in the Families Matter! program between January 2006 and March 2009 (*N*=178)

Characteristic		Percent in each category (unless otherwise indicated)
Gender	Male	33
	Female	67
Age	Between 19 and 24	21
	Between 25 and 34	41
	Between 35 and 44	23
	45 and older	15
	Unknown	<1
Mean Age (years)		33
Race/Ethnicity	Black/African American	96
	Other (includes White, Hispanic, American Indian)	4
Relationship Status	Single, never married	66
	Married, living together	15
	Married, living apart	10
	Divorced	6
	Widowed	1
	Unknown	2

Table 4-4 summarizes the MIS data available on the 178 graduates' educational, employment, and income characteristics. Participants experience significant disadvantage across all three domains. For instance, 87 percent of participants have less than a high school degree, whereas 13 percent have completed high school or some college. Only 45 percent of participants are employed and nearly half (44 percent) have income below 100 percent of the Federal poverty line, with the largest percentage (24 percent) living at 0 percent to 50 percent of the poverty line.[9]

Table 4-4. Education, employment, and income status of graduates in the Families Matter! program between January 2006 and March 2009 (*N*=178)

Characteristic		Percent in each category
Education completed	Less than high school degree	87
	High school diploma or GED	3
	Some college	10
	Associate's degree	0
	Bachelor's degree or higher	0
Employed		45
Income status (Federal poverty line)	0%–50%	24
	51%–75%	13
	76%–100%	7
	101%–125%	5
	126%–150%	2
	151%–175%	3
	176% and above	3
	Unknown	43

Table 4-5 provides an overview of the percentage of program graduates participating in the three types of classes. Half of all participants participated in the classes for mothers, with 33 percent participating in the classes for couples, and 17 percent participating in the classes for fathers. Among single, never married participants, 61 percent participated in the classes for mothers, 24 percent in the classes for couples, and 15 percent in the classes for fathers. Among married participants who live with their spouses, 81 percent attended the classes for couples, compared with 28 percent of married couples who do not live with their spouses.

[9] The MIS data did not include income information on 43% of the 178 graduates. Due to the large amount of missing information, the data reported here may not be representative of all graduates.

Table 4-5. Families Matter! program class type, by graduates' relationship status (*N*=178)

	Class type (Percent in each category)		
Relationship Status	**Couples**	**Mothers**	**Fathers**
Single, never married	24	61	15
Married, living together	81	7	11
Married, living apart	28	44	28
Divorced	10	60	30
Widowed	100	0	0
Unknown	50	0	50
Total	*33*	*50*	*17*

Central to the efforts of the FM program to provide the community with information about and access to healthy marriage programming, MIS data provide information on participants' referral sources to healthy marriage programming, serving as one indicator of the breadth of community reach of the FM program. As indicated in table 4-6, the two largest referral sources are friends and family members as well as local community-based organizations. Walk-ins and participants referred by State and local government agencies (including the Child Support Office, the Office of Family Support, Head Start and Healthy Start, a program of the Health Resources and Services Administration) represent another 25 percent of participants. Other referral sources include internal referral sources (e.g., FM/TCA); fliers, marketing, and advertising media; local hospitals and health clinics; and other sources (e.g., Lafayette School and employment organizations).

Table 4-6. Referral sources reported by Families Matter! program graduates between January 2006 and March 2009 (*N*=178)

Referral source	**Percent in each category**
Friend or family member	28
Local community-based organization	25
Walk-ins	14
State and local agencies	11
Head Start	5
Healthy Start	4
Child support office	<1
Office of Family Support	<1
Internal (Families Matter/Total Community Action)	10
Advertising/outreach	7
Local hospital/health clinic	4
Other	2

Table 4-7 indicates that local organizations that are referring participants to the FM program represent both faith-based and secular community organizations. Among organizational referrals, about a third of referrals (32 percent) come from Living Witness, a local residential substance abuse treatment facility for men. A large portion of organizational referrals also come from Grace House (20 percent), a residential substance abuse treatment facility for women, the Salvation Army (14 percent), and the Welcome Home Center (11 percent), a local housing organization.

Table 4-7. Local organizations referring participants to the Families Matter! program between January 2006 and March 2009 (*N*=178)

Organization	Type of organization	Percent of organizational referrals
Living Witness	Faith-based organization	32
Grace House	Residential substance abuse treatment	20
The Salvation Army	Community services	14
Welcome Home Center	Housing	11
Kingsley House	Community services	9
Armstrong Family Service	Housing	7
Urban League	Community services	5
Holy Faith Temple Church	Faith-based organization	2

Participants' Involvement with the Child Support Enforcement System

As the MIS was rebuilt, one data challenge experienced by the FM program was the lack of a reliable indicator to delineate the enrollment status of FM participants. Therefore, the initial data file sent for matching with child support administrative data did not contain an accurate representation of program participants. Instead, it included everyone who had been contacted about FM programming during outreach, a significant portion of whom did not actually participate in the program. The FM program staff worked diligently to resolve the discrepancies and to determine which individuals matched in the child support system had participated in FM. As a result, staff were able to provide MIS data on only a subset of 135 graduates out of the total of 178 program graduates who were matched against the child support administrative data system.

Of the 135 FM program graduates between January 2006 and March 2009 who were matched to the child support system, 71 graduates (53 percent) had child support records. Therefore, a significant proportion of the FM caseload that completed enough classes to graduate is served by SES.

As noted in the footnote of table 4-8, 36 of the 71 graduates (51 percent) who matched in the child support system had multiple child support records. Given the proportion of

mothers participating in the program, it is not surprising that 72 percent of participants were custodial parents on all cases, whereas 28 percent of participants were custodial and noncustodial parents. No participants with child support records were noncustodial parents on all of the relevant multiple cases.

Table 4-8. Paternity establishment among Families Matter! program graduates between January 2006 and March 2009

Characteristic		Percent or number
Total number of participants who matched in the child support system		71
Percentage of the total number of participants that matched in child support system (*n*=135)*		53%
Percentage of FFP participants who are custodial or noncustodial parents on all cases (*n*=71)**	Custodial only	72%
	Noncustodial only	0%
	Custodial and Noncustodial	28%
Percentage of established paternity for any children on all cases (*n*=71)	Established for all children	61%
	Did not establish	17%
	Established for some children but not all	23%
Percentage of established paternity after project startup for a child on any case (*n*=59)***	Yes	27%
	No	73%

Source: Families Matter! management information system data matched with State IV-D records.

NOTE. Percentages may not sum to 100 percent due to rounding.

* A subset of 135 out of the 178 graduates was matched to the child support administrative data system.

**36 of the 71 matched participants have multiple child support cases.

***Project startup refers to January 1, 2006.

In addition, the analysis indicates that the FM program is serving a population that has a high proportion of established paternity. Over 60 percent of the 71 FM program graduates matched had established paternity on all cases, and 23 percent had established paternity for some children but not all children. Only 17 percent had not established paternity. Moreover, nearly 75 percent of matched FM graduates had established paternity before the restart of program operations in January 2006.

Table 4-9 indicates that about two-thirds of the matched FM program graduates (47 of 71) had a child support order recorded during the 2006–2009 analysis period. A little more than one-third of these orders were established after the project restarted in January 2006. For the 36 program graduates with active child support cases, the average monthly obligation was $220. Reflecting the low incomes of the FM participants, only 17 percent of graduates with a child support order active during program participation received or paid

more than $400 monthly. As with many of the other Section 1115 demonstration waiver sites, the percentage of child support payments made or received is low among the low-income target population. The average percentage of months that participants received or made any payments as ordered was 30 percent; and this percentage decreases to 14 percent when considering whether payments as obligated were made in full.[10]

Table 4-9. Child support orders among the Families Matter! program graduates between January 2006 and March 2009

Characteristic		Percent or number
Total number of participants who matched in the child support system		71
Percentage of the total number of participants that matched in child support system (*n*=135)		53%
Percentage of any child in record covered by a child support court order (*N*=71):	Yes	66%
	No	34%
Percentage of established child support order during project for any child (*n*=47):	Yes	36%
	No	64%
Percentage, for participants with a child support order active during project participation, amount of child support obligation (*n*=36):	$50–$100 monthly	19%
	$201–$300 monthly	33%
	$301–$400 monthly	31%
	$401–$500 monthly	6%
	$501–$600	8%
	> $601 monthly	3%
Average monthly child support order obligation (*n*=36)*		$220
Average percentage of months that participants received or made any payments on all cases (*n*=36)**		30%
Average percentage of months that participants received or made full payments as ordered on all cases (*n*=36)**		14%

Source: Families Matter! Management Information System data matched with State IV-D records.

*36 of the 71 matched participants have multiple child support cases.

**Because of the small number of noncustodial parents, most payments are those received by custodial parents.

Perspectives of Selected Participants

The evaluation team conducted two group meetings with participants to understand their experiences with the FM program. One group consisted of current FM participants and the other of program graduates. In general, the participants shared their positive feedback, spoke about subjects or activities that were mostly helpful, and suggested program improvements.

[10] Because of the small number of noncustodial parents, the majority of the payments are those received by custodial parents.

The participants found that certain class activities, such as role-playing and communication lessons and strategies, helped to relieve stress. One mother mentioned that the FM program felt like home and that she was highly motivated to strive for better relationships. Another participant liked the mentoring of younger mothers by more experienced mothers. A third participant commented, "I need this place. I get discouraged sometimes." Learning to set realistic goals for the family and to vent frustrations through healthy avenues were important lessons discussed by program graduates.

Another participant recommended the FM program to her friends and continued to attend after her 8-week series of classes ended. She shared that "the program gave me skills I needed to become a better parent. I got rid of my live-in boyfriend, told him if he was not ready for marriage, he had to go."

Respect was another important lesson noted by FM participants, in particular the high level of respect demonstrated by the staff. This helped participants to learn the value of respect in communicating with their partners. They felt staff really listened to participants, respected their opinions, and never made judgments or assumptions about individuals' family situations. One participant summarized that "communication was most helpful, learning to respect other's opinions; [staff] allowed us to give input, listened to the participants, respected us; facilitators shared things about themselves, they did not jump to conclusions, talked about not sweating the small stuff."

Many participants discussed the influence of Hurricane Katrina on their decision to seek services. In terms of finding out about the FM program, most participants heard about it from looking at other resources, such as post-Katrina relief (e.g., other connecting resources, including Head Start or Healthy Start). Hurricane Katrina was highly traumatic and a huge stressor on families; and the event made people realize the importance of assistance, especially men who normally were opposed to receiving help. In seeking general assistance after Hurricane Katrina, they were introduced to the relationship skills classes. They also reported feeling that the class provided a support system, which was especially beneficial in unstable circumstances after the hurricane.

Suggestions for program improvements centered on providing additional services, such as assistance for longer-term career building or vocational training, grants to couples and families to help with family finances, resources for first-time homebuyers, more information about credit, and employment development, including help with creating resumes. One class-specific suggestion for improvement was to extend the length of each class and the number of weeks in the series.

4.6 Conclusions

Bolstered by the State of Louisiana's early policy and curriculum development efforts as well as the strong support of DSS, the FM program was established at a well-known community-

based organization with experience delivering a broad range of federally funded programs targeting low-income parents. Using an in-depth case management approach and a specialized curriculum targeting African American families, the project set a goal of serving 300 families with comprehensive services and HMR classes over a 3-year period. In spite of the impact of Hurricane Katrina, which shut down FM program operations for more than a year, the FM program was redesigned and is on track to achieve its target goals.

The principal successes of the FM program, as described by interviewees, grew out of the program changes developed in response to Hurricane Katrina. Because the primary recruiting partner was shut down for more than a year, the FM coalition-building efforts expanded and drew from community-based organizations across New Orleans that needed help providing services to traumatized families. After the initial reluctance about FM services and the involvement of the SES subsided, the key project stakeholders felt that staff were able to make progress working with a larger group of community partners.

FM staff and community partners discussed how the FM program helped to fill a service gap for a group of families that had been severely traumatized by the hurricane. A core group of families was described as not having been previously part of the social service system yet having found that they desperately needed help. Families in need were willing to take a chance on FM services. Similarly, community providers were willing to try out the FM services as an additional set of supports for parents. One couple interviewed stressed how coming together as a group helped them cope because they wanted to bond with their communities and families in ways that they had not considered before suffering the loss of their home and business.

Developed in response to the loss of paper records and computers, the FM program developed a new MIS that started to lay the groundwork for developing an integrated participant tracking system for TCA. Key stakeholders were optimistic that the new MIS initiated by the FM program could be expanded and serve broader purposes across the community-based organizations to help identify eligibility for multiple services, such as FM couples that qualify for IDA programs or energy assistance. However, there was also a concern that an integrated system could be potentially disadvantageous to some participants because the additional information that may be included in the MIS (e.g., living arrangements) could potentially reduce or eliminate eligibility for benefits such as in TANF or Section 8 voucher benefits.

Although the two agencies involved have experience with programs targeting low-income parents, this was a new partnership between DSS and TCA as well as multiple social service partners. As is common with most of the CHMI demonstration sites, there were startup delays and recruitment challenges that occurred prior to Hurricane Katrina. For example, the primary partner, University Hospital, was a new partner; therefore, agency relationships and formal agreements had to be developed that were HIPAA compliant. FM staff were

particularly surprised that a substantial number of fathers were not present in the hospital waiting rooms as originally reported by University Hospital staff. This presented a change in the target population to include mostly single mothers without fathers.

Despite the positive State policy environment in Louisiana, the new set of FM services was not universally well received by the community or by well-established social service providers. Within the community-based organization and the larger social service delivery system, the FM program was viewed as the "new kid on the block," and program staff invested significant outreach effort to gain acceptance not only by families but also by providers within and outside the agency. Interviewees felt that progress had been made in overcoming barriers between cross-program referrals but they acknowledged that, despite the incentives offered, it remains challenging to get low-income parents to attend multiple educational classes that are prevention-focused and seek to improve existing parent-child or couple relationships.

Despite the growing recognition and acceptance of the FM program, and the commitment of both TCA and DSS to the program mission, the sustainability of a standalone program entirely focused on HMR is unclear. The fluctuating enrollment levels, the significant amount of outreach required, and the low participant retention rate are serious issues that continue to affect program operations. At the same time, many organizations have come to appreciate the value of targeting parents with comprehensive services that help to improve couples' communication and help to establish healthy co-parenting relationships if relationships dissolve. The highest proportion of referrals to the FM program comes from family and friends, suggesting that the HMR services are beginning to take root for some families. However, FM staff repeatedly find that although parents express the desire and need for help with relationships, they seem to have little time or inclination to commit to attending educational classes over an extended period.

Given the multiple phases of the FM program and the significant challenges faced and addressed, interviewees reported multiple lessons learned that might be of benefit to other HMR sites:

- There needs to be a significant amount of time built into the project for programming, planning, and design changes when establishing a new program, even at a well-established community-based organization.
- Community saturation is a slow process for new coalitions. Stakeholders interviewed believed that the process works better when using more aggressive outreach efforts with several partners (e.g., Healthy Start, Salvation Army, Living Witness) as opposed to focusing on only one large organization with multiple departments (e.g., University Hospital).
- Advertising messages for the program should include both healthy marriages and healthy relationships to foster broad appeal.

- Typically, private foundations are reluctant to contribute the funding for State matches in these grants; rather, they prefer that funds go directly to community-based organizations.
- When targeting a wide geographic area, transportation needs to be provided.
- When designing a program targeting parents, meals and childcare should be considered.
- A significant amount of staff investment is required when working with this population of parents, including multiple follow-ups, offering incentives, and continuing to work with parents even when they do not show up for the HMR classes.
- Enrollment is likely to start with mothers, particularly if they are having relationship problems. Fathers are "hard to move" and motivate to come to classes, but they often do.
- Child support need assessments and messaging should be paced. Information resources and services need to be made available gradually, and it should be emphasized that participation in these services as part of the HMR program is voluntary.
- Maintaining waiting lists does not work well with a low-income population. Open enrollment helps the program to continue to serve people even if retention rates are low because some couples return at a later date when they are experiencing problems.
- If just starting out, plan to make program adjustments. For example, post-Hurricane Katrina, the FM program had to change, at least initially, to in-home services to get potential participants to buy into the idea of attending the HMR classes.

5. GEORGIA HEALTHY MARRIAGE INITIATIVE

5.1 Introduction

The Georgia Healthy Marriage Initiative (GAHMI) is a first-time partnership between the Georgia Department of Human Services (DHS), Division of Child Support Services (DCSS), and the Georgia Family Council (GFC), which is based in Atlanta. The GFC is a nonprofit research and education organization that engages in family-focused public policy development and advocacy, disseminates information about marriage and families in the media, and develops community coalitions and organizational capacity focused on healthy marriage and relationship educational services. The GFC leads responsibility for carrying out the project.

The GFC's approach to the Community Healthy Marriage Initiative (CHMI) program focused on developing a large-scale community saturation effort of healthy marriage and relationship (HMR) services in multiple counties utilizing three core strategies:

- using media outlets and public information campaigns, raise individual and community awareness about family issues, such as the negative consequences of divorce and out-of-wedlock births;
- coordinating and building capacity among local communities to provide HMR educational activities known as the "My Thriving Family" program; and
- building a network of certified HMR trainers.[1]

Reflecting the GFC philosophy that "there is no one-size-fits-all approach" to HMR service delivery, the GAHMI emphasizes tailoring initiatives to reflect community needs.

Drawing on a decentralized service delivery model, GFC staff provide capacity-building services and multiple training opportunities in several HMR curricula to six CHMI sites in Georgia. The goals are to build community coalitions and locally focused nonprofit organizations from the ground up and to certify HMR trainers. Within each community site, the GFC spearheads the development of a leadership team and helps to identify and recruit organizations to form a community coalition comprising faith-based organizations (FBOs), community-based organizations (CBOs), and government agencies interested in participating in HMR service delivery. After the coalition is formed, the focus shifts to developing a network of certified trainers. To accomplish this, the organizations sponsor staff or individuals to be trained in a variety of HMR curricula so that they can deliver HMR classes either to individuals and couples with whom they work or to fellow congregants. For example, staff or individuals may offer classes as part of their professional responsibilities or

[1] The GAHMI refers to the individuals trained and certified to teach HMR curriculum to program participants as "certified trainers" rather than "facilitators." Thus, the term "certified trainers" is used throughout the report.

to individuals in their personal lives and social networks, including friends, relatives, and church members.

Each community site relies solely on volunteers that are responsible for managing and implementing all of the HMR service delivery components. The goal is for the sites to develop independent community nonprofit organizations that will be equipped to apply for funding and be self-sustaining after the Federal funding ends. The GFC also has a parallel faith-based community healthy marriage initiative in six other communities, which is separate from the federally funded CHMI program effort.

The GAHMI's new HMR educational program, called "My Thriving Family," is tailored to fit each community-defined target group. Therefore, all aspects of the HMR classes, including the curriculum and service delivery format (e.g., weekend, 1-day, or weekly classes), vary in each of the six community sites. Specifically, the GAHMI offers the leadership team and volunteers in the six CHMI sites opportunities to become certified in multiple HMR curricula at a discounted rate, as well as access to free curricula to provide HMR classes. On the basis of local knowledge, site leaders in each community decide which HMR curricula would best meet the needs of families in that specific community. Volunteers attend train-the-trainer HMR curricula sessions and upon completion are considered to be certified trainers, who, in turn, are responsible for organizing, recruiting, and facilitating HMR classes.

Unlike most Section 1115 demonstration waiver sites, the GAHMI aims to build the capacity of new HMR-focused organizations staffed initially by volunteers, such that the volunteers, in turn, take full responsibility for HMR service delivery. Although most of the leadership team and certified trainers work for social service organizations or FBOs, no formal social service components are built into the GAHMI program model approach.

Target Population and Geographic Scope

The GAHMI focuses on building the capacity of FBOs, CBOs, and government agencies to form coalitions and to create an extensive volunteer workforce to deliver HMR services over a dispersed geographic service area. Consequently, the GAHMI initially set a target goal to certify 1,800 trainers to serve 14,000 couples with HMR classes over a 5-year period. As program design moved into the implementation phase and challenges to service delivery were identified, the target goal was revised downward to more accurately reflect the service delivery capacity of GAHMI providers. Predictability of HMR service delivery can vary in each site; thus, the GAHMI set an overall project target goal rather than specifying goals for each community site.

The revised goals, set in 2009 include

- hosting 70 train-the-trainer events,
- certifying a total of 750 trainers,

- providing HMR classes to an average of 200 individuals per month, and
- serving a total of 7,500 individuals during the grant period.

Although the GAHMI proposed to focus exclusively on married couples, to reach the target goals, local leaders broadened the target population to include unmarried couples and singles interested in learning more about healthy marriages and relationships. Reflecting the GAHMI's community tailoring approach, key stakeholders reported variation in groups served depending on community demographics and the characteristics of families served by FBO and CBO partners. For example, one community site reported that the program serves primarily singles and Hispanic couples. Another site focuses on Asian and African-American couples, individuals, or newlyweds.

The GAHMI targets six geographic areas in Georgia, covering multiple counties. Three of the sites focus on the Atlanta metropolitan area, including a cluster of five low-income neighborhoods in the inner city (referred to as the Pittsburgh-Mechanicsville neighborhoods or Neighborhood Planning Unit 5 [NPU-V]), as well as cities in the metropolitan areas located north (North Atlanta) and south of the city (Southeast Metro Marriage and Family Network). The three other sites focus on counties located south (Macon and Thomasville) and west (Columbus) of the Atlanta metropolitan area. Table 5-1 provides a more detailed description of the target areas.

Funding and Project Timeline

The 5-year Section 1115 demonstration waiver, which was approved in early spring 2005, provides for a maximum ceiling of $960,000 in Federal funding, with an additional match funding requirement, which is donated by GFC. Program implementation began in early 2006 with the training of certified trainers in three communities that had established relationships with the GFC. As networks were developed in the other three sites, certified training sessions were hosted in 2007 and 2008.

The GFC's decentralized service delivery approach required developing an overall management model and establishing formal procedures to encourage and monitor service delivery in the communities. In 2006 and 2007, services were provided to only a small number of participants to allow the program design to progress and to identify and address implementation challenges. Service delivery increased in 2008 and 2009, when the project shifted from a focus on building organizational capacity to a focus on delivering service. Because of startup delays, a no-cost extension was approved by the Federal funding agency, which extends service delivery until 2011.

Table 5-1. Geographic target areas of the Georgia Healthy Marriage Initiative

Provider name	County	Geographic target
Atlanta metropolitan area		
NPU-V Healthy Relationships Network	Fulton County	Targets an inner-city planning unit in Atlanta consisting of five low-income neighborhoods. NPU-V is also known as the Pittsburgh-Mechanicsville community.
North Atlanta	Gwinnett County	Targets cities of Norcross, Duluth, and Suwannee within Gwinnett County.
	Fulton County	Targets city of Roswell within Fulton County.
Southeast Metro Marriage and Family Network dba: Committed2you	DeKalb County	Targets cities of Lithonia, Stone Mountain, Decatur, and Tucker within DeKalb County.
Counties south and west of Atlanta		
Macon Marriage Network	Bibb County	Targets the entire county, which is located approximately 80 miles south of Atlanta.
Thomasville Family and MarriageNet, Inc.	Thomas County	Targets the entire county, which is located in southern Georgia, bordering Florida.
The Columbus Community Marriage and Family Initiative	Muscogee County	Targets the entire county, which is located in western Georgia, bordering Alabama.

NOTE. NPU-V = Neighborhood Planning Unit 5.

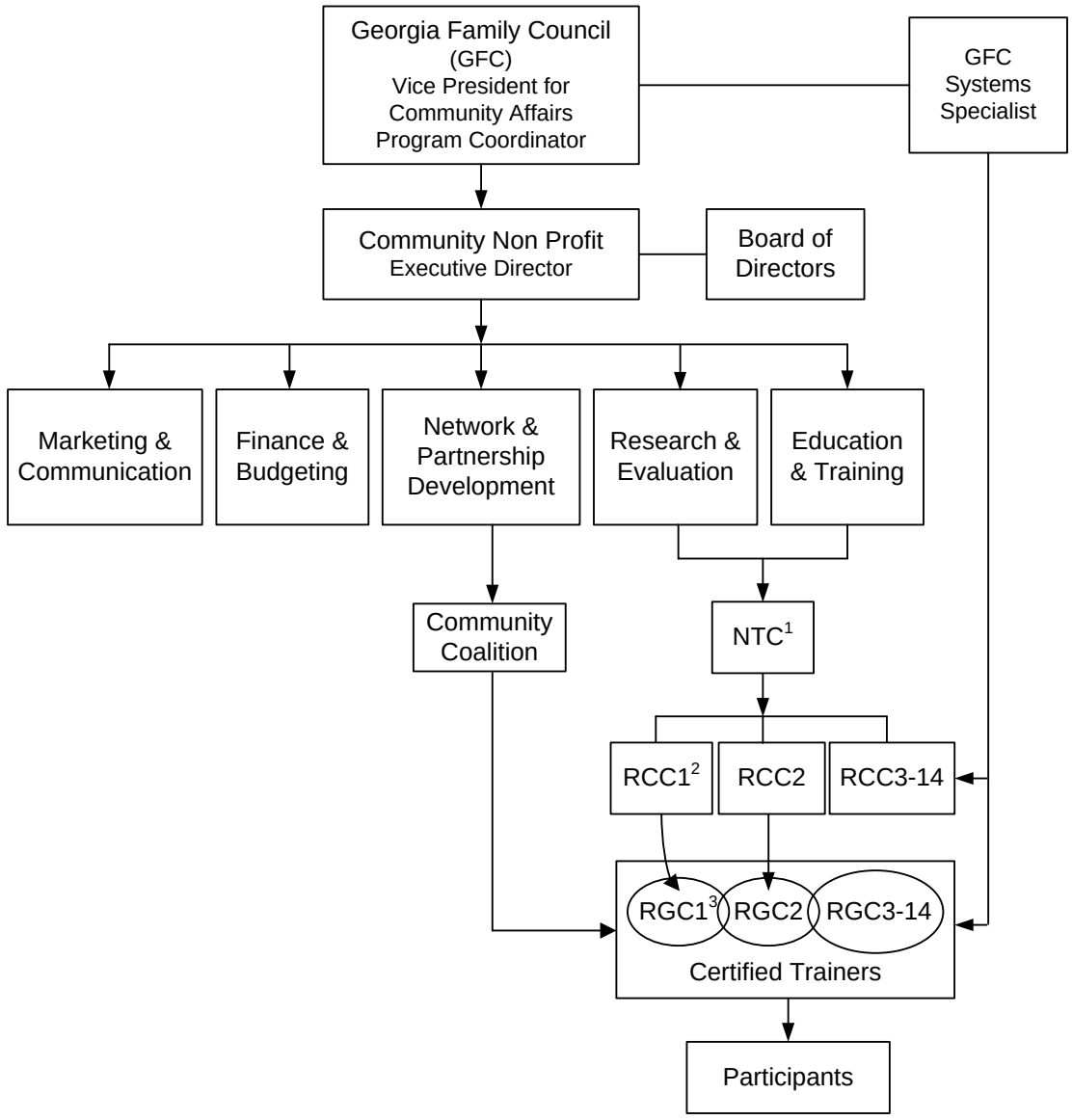
Organizational Structure and Staffing

DHS/DCSS staff partnering with GFC staff wrote the grant, which was awarded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement. DCSS is the primary Federal grantee and maintains fiscal oversight of the GAHMI. The State of Georgia subcontracts to the GFC for the management and coordination of service delivery activities at the six sites. Most of the State DCSS staff involvement occurred during the GAHMI design and startup phase to help establish agency partnerships for recruitment and provide appropriate child support materials for certified trainers to distribute to class participants. State-level DCSS staff have been less involved in program operations over time, although staff continue to promote GAHMI's efforts within the DHS. Some of the staff from the local CSS offices were involved in early program development and participated in certified training activities. At the time of the 2009 site visit, local offices were not directly involved in formally recruiting participants or providing service delivery.

Figure 5-1 depicts the GAHMI's organizational model in each community site, as described by interviewees during the site visit. This organizational model is an overall guide to the

development of GAHMI's local nonprofit organizations and service delivery, but it is in different stages of implementation in each site. The details of program implementation are described in section 5.3.

Figure 5-1. Georgia Healthy Marriage Initiative community site organizational model



[1]NTC = Network Trainer Coordinator
[2]RCC = Resource Graduation Class Coordinator, 1-14 refers to the 14 different curricula
[3]RGC = Resource Graduation Class

As shown in Figure 5-1, with the support of GFC staff, each site first develops a pool of interested volunteers to be the leadership team. These individuals are recruited from the GAHMI's base of FBOs and CBOs that participate in GFC's policy advocacy efforts as well as from other organizations, businesses, or government agencies interested in HMR issues. One of GAHMI's key goals is for the volunteer leadership team in each site to eventually

organize service delivery and incorporate into a 501(c)(3) nonprofit organization, establishing a formal board of directors to seek funding for further HMR service delivery and community engagement efforts.

From the initial leadership team, an executive director is identified. Depending on the stage of site development, the site may secure outside funds to create a paid executive director position. The leadership team serves five organizational functions: (1) finance and budgeting, (2) marketing and communication, (3) network and partnership development, (4) research and evaluation, and (5) education and training. The goal is to hire paid staff to fill these roles. However, until these roles are filled, the volunteers on the leadership team typically serve multiple roles. Once the leadership team decides to incorporate into a formal 501(c)(3) organization, the board of directors is formally selected.

Two GFC staff members are directly involved in the local, nonprofit capacity-building effort and provide design input for HMR service delivery. Involved with the program since its inception, these staff members include the vice president for community strategies and the program coordinator for community strategies. The vice president is responsible for fostering the overall project vision, as well as developing the program management model and communications strategy. Both the vice president and the program coordinator interact with each of the six community sites to help set GAHMI project goals and objectives, guide curricula decision making, provide organizational input (e.g. fundraising and staffing) for planning community events, and attend board meetings. The GFC program coordinator also has primary administrative responsibility for scheduling certified training activities, enrolling potential certified trainers, tracking and sending curricula to certified trainers when they schedule classes, training the certified trainers to enter student enrollment and tracking information into the Web-based management information system (MIS), and monitoring the data entry process.

Over time, as service delivery progressed, the GAHMI identified oversight of the newly developed MIS to be a significant implementation challenge requiring considerable staff time, including tracking participants and monitoring service delivery across the six sites. To increase the use of the MIS by certified trainers, the project assigned a third GFC staff member to the role of systems specialist. As indicated in Figure 5-1, the systems specialist interacts directly with certified trainers to encourage and monitor service delivery and their use of the MIS.

As part of the leadership team development, faith-based and community organizations and government agencies are identified. The GAHMI approach is to develop these groups into a formal community coalition. Once the coalition is established, the GAHMI helps the coalition assess community needs for HMR resources and work with organizations to identify individuals interested in becoming certified trainers to deliver the HMR curricula. Agencies considering joining the local community coalition are offered three levels of network

partnership with the GAHMI. As part of a Level 3 Information Partnership, an organization agrees to distribute GAHMI information. A Level 2 Network Partnership includes participation in the local GAHMI network and active encouragement of families to enroll in HMR classes. The Level 1 Resource Partnership involves the most time and commitment of resources; it requires that agencies have at least one certified trainer embedded in the agency and that HMR classes are offered at the facility.

Social service organizations, churches, and FBOs participating in the community coalitions in each of the six sites encourage their staff, members, and constituents to become certified trainers. In some cases, the organizations sponsor staff members by paying the required fees for the certified training. Individuals may also pay the fees themselves. The fees typically charged by the curricula developers to provide training were reduced for the GAHMI program through the efforts of the GFC. Certified trainers who are trained in HMR curricula sign a good faith agreement and commit to delivering classes to a minimum of 5 couples or 10 individuals annually.

Tracking of Program Participants

To ensure that the educational services are being provided by certified trainers and that participant and class data are captured for performance management and evaluation, a system of tracking and monitoring is established in each community site. A member of the leadership team, who ideally also is a certified trainer, takes on the role of network trainer coordinator (NTC) to monitor service delivery progress. Figure 5-1 shows that the NTC interacts with Resource Graduation Class Coordinators (RCCs), who are volunteers who have graduated from a certified training session in one of 14 approved curricula; an RCC represents each one of the 14 curricula. The GAHMI refers to certification training sessions as resource graduation classes (RGCs). RCCs are encouraged to bring their groups of certified trainers together periodically to compare experiences, share lessons learned, practice facilitation skills, and develop unity.

Up to 14 curricula could be taught to certified trainers in each community site. The group that graduates is considered a certified trainer's support network for that specific curriculum, and this support group can be a resource for certified trainers needing help with delivering classes. Because certified trainers can become trained in more than one curriculum, they can be members in multiple support networks.

The primary responsibilities of the NTC and the RCCs are to provide motivation and encouragement for certified trainers to deliver classes and to enter participant information into the MIS. RCCs and the NTC are volunteer positions, and key stakeholders mentioned that these positions often go unfilled or are not staffed adequately. Therefore, the new position of systems specialist plays an essential role in assisting the existing pool of RCCs in tracking and monitoring classroom participation as well as monitoring the accuracy and reliability of data collection entered in the MIS.

Policy Environment

In addition to the GAHMI, there are several Federal Healthy Marriage Initiative and Responsible Fatherhood grantees in the State. Seven grantees are concentrated in the Atlanta metropolitan region.[2] Interviewees noted that the grantees are generally not viewed as duplicating efforts and reported that there is little overlap between the GAHMI efforts and grantees' target populations or communities served.

While interviewees indicated that, overall, the Georgia policy environment is supportive of the implementation of HMR programs, they highlighted that the GAHMI is not seen as a current priority at DHS/DCSS because the data indicate that, to date, GAHMI has not been serving families involved in the child support enforcement program. Programs that directly target noncustodial and custodial parents are viewed as being more germane to the child support agency mission. While GAHMI's capacity to address parents' child support issues is limited by the lack of strong local partnerships between child support agencies and the community organizations in the six sites, the limited DCSS support for GAHMI program operations is not viewed by stakeholders as negatively affecting organizational capacity building.

5.2 Program Planning and Design Phase

Project Goals and Program Activities

In 2004, Georgia ranked ninth among all States in the highest percentage of births to unmarried women.[3] In the Atlanta metropolitan area, both DeKalb and Fulton Counties had higher rates of births to unmarried women (each at 44 percent) than the State as a whole (39 percent) or the Nation (36 percent)[4]. Additionally, the percentage of adults in the State who were divorced is nearly 17 percent, which is slightly higher than the national average of 15 percent. Because the divorce rates among parents are high in urban and rural counties, the geographic target area for the GAHMI includes both.

Given the relatively high rates of unmarried parenthood and divorce in urban and rural counties, the Section 1115 demonstration waiver specifies the following goals and objectives:

- Attain a 10 percent increase in the number of healthy marriages.

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[2] Georgia—Healthy Marriage & Responsible Fatherhood Grantees: Grantee Program Offices. Retrieved January 20, 2010, from http://www.aahmi.net/pdfs/statemaps/georgia.pdf

[3] Unless noted, all statistics included in this paragraph are drawn from the following report: Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. The Marriage Measures Guide of State-Level Statistics. Retrieved January 20, 2010, from http://aspe.hhs.gov/hsp/08/MarriageMeasures/tables.shtml#Georgia

[4] Child Trends Databank. Percentage of Births to Unmarried Women. Retrieved January 20, 2010, from http://www.childtrendsdatabank.org/indicators/75UnmarriedBirths.cfm

- Realize a 10 percent decrease in the number of divorces, excluding domestic violence cases.
- Achieve a 10 percent reduction in child support cases resulting from a reduction in the need for enforcement services.
- Increase healthy relationships and awareness of child support services to increase voluntary compliance with child support.
- Support child support enforcement goals, including
  - improved compliance with support obligations by noncustodial parents, when needed;
  - increased paternity establishment for low-income children born to unwed mothers;
  - collaborations with court agencies to ensure support for children for whom child support is requested; and
  - direct intervention with two-parent intact, and single but co-parenting, households to emphasize the importance of financial and emotional support for children.

The principle activities for the GAHMI to achieve the overarching goals and objectives specified in the Section 1115 demonstration waiver include

- establishing community leadership by the GFC,
- organizing the faith-based communities and secular leaders to sign a community marriage declaration,
- producing a series of community forums to mobilize the community,
- training individuals and groups in the community to deliver skills-based curricula on healthy marriage,
- recruiting enrollees in churches and public organization services programs,
- providing trainees with information and motivation on child support enforcement,
- conducting media campaigns to improve the public perception of healthy marriages and aid in recruitment, and
- making referrals to, and increasing awareness of, access and visitation programs.

Program Planning and Design Changes

Before this project, the GFC had worked in several communities throughout Georgia to form marriage-focused faith-based and community coalitions. Receiving Federal funding gave the GFC the opportunity to work more extensively with these existing coalitions and form new coalitions to build the demand and supply of secular HMR services from the ground up by identifying new partners in communities where they had no prior experience. Although the GAHMI had experience in the early stage of development, building community coalitions and leadership teams, the management of large-scale service delivery was a new step.

The GAHMI program design included a phased approach to targeting communities where they had prior experience. Project startup activities focused on building community awareness to stimulate the demand for HMR services, fostering the development of a strong community organization to manage service delivery locally, and training a volunteer workforce to provide the supply of HMR services to meet demand. After completing the certified training sessions, local organizations and volunteer certified trainers were expected to manage and pay for all aspects of service delivery, including recruitment, enrollment, curricula, instruction, and client tracking.

Three of the six sites targeted for service delivery—North Atlanta, Southeast Metro, and Thomasville—started to develop community coalitions before the CHMI grant. Therefore, the GAHMI had already secured community buy-in and had a base of volunteers to train. Beginning in 2006, the GAHMI staff worked with the leadership teams in the three sites to plan for the organizations' startup, hold kickoff events, and identify curricula that would best meet community needs. The GAHMI began by targeting recruitment for trainings from faith-based networks and then added social service organizations and government agencies such as DCSS. Interviewees noted that volunteers from both churches and faith-based and social service agencies readily enrolled in HMR training sessions and became certified trainers of multiple curricula. Some of these certified trainers included representatives from local DCSS offices. As the initial coalitions solidified, program activities were phased in for the three other community sites (NPU-V, Macon, and Columbus).

As the training sessions proceeded, and the number of certified trainers increased, challenges to the implementation of HMR services were identified. The key challenges included motivating the cadre of volunteer trainers to deliver HMR services and enter client data into the MIS to track service delivery. Although each certified trainer signed a good faith agreement to deliver services to at least 5 couples or 10 individuals, few certified trainers had delivered HMR classes 2 years after the project began. One stakeholder described the service delivery challenges by observing, "Concerned people take notice; committed people take action. How do you turn concerned people into committed people? This is a calling."

Key stakeholders interviewed summarized the implementation barriers to service delivery over the course of the design and startup phase:

- reliance on volunteer certified trainers appointed to monitor service delivery and hold other certified trainers accountable, without establishing formal agreements to ensure that agreements were kept
- lack of incentives or payment to certified trainers to fulfill their agreements
- certified trainers' limited time to provide classes outside of other employment demands

- limited training opportunities for certified trainers to practice and develop confidence in their HMR facilitation skills, especially with couples, a group that many trainers had not worked with before
- limited GAHMI support for and individual experience in recruiting participants and coordinating class logistics
- lack of free classroom space and facilities and no GAHMI support for developing them
- privacy regulations in the Health Insurance Privacy and Accountability Act (HIPAA) as a perceived barrier to use of the GAHMI MIS system.
- limited scheduled networking activities.
- limited experience among certified trainers using computers and Web-based MIS.
- cost barrier to low-income individuals or couples to pay a lump sum for curricula and other services, such as dinner or childcare
- participants' hesitation to accept advice from non-family members
- local child support staff's limited understanding of how delivering HMR classes could help with child support enforcement without including activities or options directly related to the child support program (e.g., forgiving arrearages, linking under- or unemployed parents to jobs or job training)
- local leaders' focus on marketing and establishing coalitions rather than on monitoring service delivery

Key stakeholders described the GAHMI's commitment to program improvement and developing a response to these service delivery challenges. The GAHMI developed several strategies to address implementation challenges and assessed these strategies annually to increase HMR service provision. Stakeholders viewed some of the modifications to service delivery as successful and adopted them as common practice (e.g., dropping the fees for participants' curricula), whereas other service delivery approaches that were described as less useful were not emphasized (e.g., chat rooms for certified trainers). As of fall 2009, the GFC adopted six management strategies to monitor and increase the quantity and quality of HMR services over time:

- Offer free curriculum for certified trainers and class participants.
- Offer certified trainers a stipend of $10 for each student who attends all classes (for at least 6 hours total) and is fully documented in the MIS.
- Offer an additional 5-hour training session for certified trainers to become more effective and efficient in their teaching of individuals and couples. Certified trainers must take this class to receive stipends.
- Hire a GAHMI systems specialist to oversee the data entry process and oversee service delivery.
- Encourage and insist on the certified trainers' use of the GAHMI Web site (http://www.mytrhivingfamily.com) to register and promote HMR classes.

- Have the systems specialist work more closely with the NTC to provide oversight and assistance with contacting certified trainers about delivering classes and documenting participants.

Key Partners and Community Coalition

The new partnership between GFC and the DHS grew out of their shared interest in helping couples improve their relationships to benefit their children. Although the partnership was new, DHS/DCSS had prior experience working with community organizations to establish fatherhood programs. Offering a prevention-focused educational program, through the GAHMI that targeted couples' communication, allowed DHS to provide couples who were a part of the DCSS caseload access to a new set of services.

GFC also had not previously partnered with a State agency. Stakeholders reported that the partnership has been sustained by mutual respect and communication that helped the program address implementation challenges, resolve differences in opinion about program approaches, and move from the extended startup phase to service delivery.

According to key stakeholders interviewed, establishing a strong community coalition in each community was the first key milestone for the GAHMI's service delivery. The GFC approach to coalition-building is to begin with networks of FBOs and then bring in larger community agencies. Depending on the community, the GFC tailored their approach. In the Thomasville site, the coalition-building process began when faith leaders came together to sign a community marriage declaration. In the NPU-V site, where the GFC had not previously worked, staff began by targeting community organizations that served low-income families.

Table 5-2 highlights the partners comprising the community coalitions in the three sites that predated the receipt of Federal grant funding. The table reflects the high density of membership of churches and FBOs involved and the diversity of non-faith-based participating organizations, including government agencies, human service organizations, and a small number of businesses. The community nonprofit agencies serve a variety of populations, such as battered women, single parents, and fathers.

Table 5-2. Georgia Healthy Marriage Initiative: Community coalitions in the initial three sites that predated Federal funding

Thomasville Family and Marriage Network Partnerships	North Atlanta	Southeast Metro Marriage and Family Network
▪ UGA Extension Office ▪ Department of Family and Children Services ▪ Heritage Foundation ▪ Sunrise Real Estate ▪ Thomasville Times Enterprise ▪ Brightside Counseling Center ▪ Covenant of Grace Family Church ▪ Archibald Northside Church ▪ Bethany Congregational United Church of Christ ▪ Halcyon Home for Battered Women ▪ Heritage Church ▪ House of Joy Ministries ▪ New Beginnings Counseling ▪ Thomas County DFCS ▪ Thomas County Family Connection ▪ Thomasville Resource Center ▪ Victory Fellowship Church	▪ Norcross Human Services Center ▪ Scardino Doors ▪ Raise His Praise Church ▪ Victory World Church ▪ Day After Ministries ▪ Good Samaritan House ▪ Perimeter Church ▪ Unite Us ▪ Gwinnett Braves ▪ Verizon Amphitheatre ▪ SPARC (Single Parent Alliance Resource Center) ▪ UGA Extension Office ▪ Gwinnett Neighborhood Leadership Institute	▪ MATURE ▪ More Than a Conqueror ▪ Counseling Center ▪ YMCA ▪ New Life Baptist Church ▪ Anointed Word Evangelist Center ▪ Wesley Print Shop ▪ Abundant Life Church ▪ The Family Center of South DeKalb ▪ Bethany Christian Services ▪ Holistic ▪ DeKalb County Fatherhood Initiative Network ▪ DeKalb Family and Children Services ▪ DeKalb Fatherhood Program ▪ Stone Mountain Baptist Association ▪ Crowned for Victory ▪ New Life International Family Church ▪ FLAME ▪ Granite City News ▪ Greater Piney Grove Baptist Church ▪ U.S. Department of Education ▪ Spring of Life Ministries ▪ Iron to Iron ▪ Lutheran Rice University ▪ DeKalb County Human Services ▪ Trinity Baptist Church

Table 5-3 presents the community coalitions established at the more recent GAHMI sites. Although the size of the three community coalitions is smaller than those for the earlier community sites, each reflects a distinct local approach. Macon is similar to the earlier sites and includes several churches along with new partners, such as the school system and a university. NPU-V includes larger FBOs and CBOs, such as the Salvation Army and YMCA, but does not include churches. Columbus is unique in that the site is part of a counseling center that offers faith-based and secular services. Additionally, to increase service delivery, this site is pursuing a new partnership with a college to have HMR classes offered as part of freshman orientation.

Table 5-3. Georgia Healthy Marriage Initiative community partners: Three sites developed for Community Healthy Marriage Initiative

Neighborhood Planning Unit 5	Macon Marriage Network	The Columbus Community Marriage and Family Initiative
▪ The Salvation Army Ray and Joan Kroc Community Center ▪ The Center for Working Families ▪ The Fulton County Juvenile Justice Center ▪ Atlanta Metropolitan College ▪ Iron to Iron ▪ YMCA	▪ New Hope Baptist Church ▪ Save a Life Care Center ▪ University of Georgia Extension Office ▪ Beauhland Baptist Church ▪ Harvest Cathedral ▪ Bibb County School System ▪ Georgia Anger Management Inc. ▪ Martha Bowman Methodist Church ▪ Mercer University ▪ Church of Wildwood	▪ Pastoral Institute ▪ Columbus State University

5.3 Initial Operations and Services

Recruitment Strategies

The GAHMI's decentralized service model provides local sites with flexibility to adopt their own recruitment strategies. Each site recruits organizations to join the community coalition. The goal is to have each coalition member organization train a group of their staff or constituents to become certified trainers and host workshops.

Certified trainers are responsible for recruiting participants and securing meeting space for classes. Certified trainers develop their own approaches in keeping with their experience and the agency represented. Interviewees reported that one source for recruitment is word of mouth through the leadership team members and the board of the local organization. Some of the local organizations established by the GAHMI help certified trainers by

providing a centralized meeting space for them to use for free or at a discounted rate and by helping to arrange logistics.

A different approach used at another local site included hosting a community event at a social services agency to introduce families to HMR services by offering a sampling of the curricula. A common strategy reported by certified trainers based in churches is using newsletters and listservs to advertise classes to church staff and membership. One certified trainer reported that sending mass e-mails to church members allows her to reach 250 couples with information about HMR services. The GAHMI Web site was also cited as a recruitment source to advertise classes to broad groups of community members, although most interviewees did not report posting class schedules.

Some certified trainers who work in social services or counseling use an individualized approach to recruit from their client base to identify couples that could benefit from HMR classes. One certified trainer commented, "I make myself available on their time schedule—I will do classes on Saturday or go to their home."

Some challenges to recruitment as reported by certified trainers who had conducted classes included the following:

- participants' denial of the need for help with communication issues until crisis strikes and it's too late for HMR services
- certified trainers' time limitations
- limited accessible space for holding classes
- facility time limitations, such as when a church is not having regularly scheduled activities, either late at night or early in the morning
- lack of funding to provide incentives, such as childcare and dinner, for families

Interviewees who provided HMR classes did so in the context of their social service jobs or as a service to their congregations. Without dedicated space to hold classes in local sites or help with recruitment and publicizing events, interviewees noted the difficulty of expanding service delivery through the use of volunteer certified trainers. To address some of these problems, the Southeast Metro and NPU-V sites are starting to develop the local infrastructure by renting space that can be used by trainers or by identifying community partners that allow the use of their buildings at minimal or no cost and at times that will be convenient for couples.

Intake and Screening

The general approach to recruiting described by the GAHMI certified trainers is to enroll individuals and couples they are familiar with through their community organizations, social service agencies, or churches. Certified trainers do not use formal assessments or have specific screening criteria. Interviewees reported that if HMR curricula were delivered to

families participating in other programs or services—such as prisoner re-entry services, general equivalency diploma (GED) classes, or youth summer camp—through an organization, they usually go through a formal screening process conducted by that organization.

The GAHMI has standardized forms for certified trainers and participants to fill out during enrollment and after service delivery. Once certified trainers schedule a class and recruit students, they submit a curriculum resource request to GFC staff. Submitting this request allows staff to track the scheduling of classes and the number of curriculum resources requested. At the end of service delivery, certified trainers submit a completion-of-session form to the GAHMI that delineates how many participants were trained, the number of couples and individuals attending, the start and end dates of classes, and the class format (including the number of sessions and hours of service delivery).

During the first class, participants fill out an enrollment form, which contains basic demographic information and class enrollment dates. Trainers also distribute and discuss the student packages, which contain brochures about unhealthy marriages, domestic violence, and child support. Trainers are to enter the information from the enrollment form into the password-protected, Web-based MIS. Through the course of the project, other enrollment, class evaluation, and couple relationships scale forms have been used. However, given the emphasis on documenting basic participant information in the MIS, the number of forms has been streamlined to encourage certified trainers' use of the data management system.

Curriculum and Programs

The GAHMI begins service delivery by first helping each local site select the curriculum appropriate for each community. The GAHMI provides access to training in 14 different HMR curricula, which are presented in table 5-4. Each curricula training session, started in late 2006, is provided by the curriculum developers themselves and is held in the local communities.

Reflecting the GAHMI's initial emphasis on providing services to couples, table 5-4 highlights that 10 of the 14 curricula offered through the GAHMI are specific to couples. Two curricula address both individuals and couples. The two added later in the project focus on specialized populations of stepfamilies and youths. The 10 Rites of Passage curriculum grew out of a request by the local organizations composing the community coalition in the NPU-V site, who serve primarily African-American youths. The two most requested curricula across the six sites, according to GAHMI staff, are "No Jerks" and "10 Great Dates."

Table 5-4. Curricula available for certified trainers and participants in the Georgia Healthy Marriage Initiative

Curriculum name	Target group	Recommended format	Web site
Couple Communication	Couples	8–10 hours	http://www.couplecommunication.com
Active Relationship Mastery Series	Couples	Total of four weekend seminars (60–62 total hours): Active Communication (16 hours) Active Money Personalities (16 hours) Active Romance and Intimacy (16–18 hours) Active Living (12 hours)	http://www.activerelationships.com/home.htm
Facilitating Open Couple Communication, Understanding and Study (FOCCUS) Inventory	Couples	Facilitated discussion of the results	http://www.foccusinc.com/sections/foccus_content.asp?PKID=4
African-American Marriage Enrichment	African-American couples	2.5 hours a week for 8 weeks	http://www.aafle.org/ContentPage.aspx?WebPageId=5929&GroupId=1557
How to Avoid Marrying a Jerk	Singles and couples	Five 2-hour sessions (10 total hours)	http://www.nojerks.com
A Black Marriage Education Curriculum: Basic Training for Couples	African-American couples	8 sessions	http://blackmarriage.org
PREPARE/ENRICH Inventory	Couples	12 hours of feedback sessions to discuss results	http://www.prepare-enrich.com
Practical Application of Intimate Relationship Skills (PAIRS)—Passage to Intimacy	Couples	1- or 2-day workshop	http://www.pairs.com
10 Great Dates to Energize Your Marriage	Married couples	Ten 2- or 2.5-hour sessions (20–25 total hours)	http://www.marriagealive.com
8 Habits of a Successful Marriage	Couples	12 and 14 hours over multiple weeks	http://www.franklincovey.com/tc/solutions/home-and-family-solutions/the-8-habits-of-a-successful-marriage
Smart Steps for Adults and Children in Stepfamilies	Couples in stepfamilies	12 hours	http://utahmarriage.org/htm/smart-steps
Survival Skills for a Healthy Family	Singles and couples	Six 2-hour sessions (12 total hours)	http://www.familywellness.com
Lasting Intimacy through Nurturing, Knowledge and Skills (LINKS)	Married couples	Five 2-hour sessions (10 total hours)	http://nojerks.com/index.php?page=MarriageLinks1
10 Rites of Passage	Youth	1-day, 6- to 8-hour overview or comprehensive 5-day, 40-hour format	http://www.nflec.org

Sources: Georgia Healthy Marriage Initiative Macon T3 Session descriptions; National Healthy Marriage Resource Center (http://www.healthymarriageinfo.org/curricula/index.cfm); A Guide to Low-Cost Curricula and Resources: Marriage and Relationship, Fatherhood and Parenting, and Financial Education (ACF, December 2009) (http://www.healthymarriageinfo.org/docs/CurriculaResourcesGuide.pdf).

The format for service delivery, as specified by the curriculum developers, ranges from a minimum of 6–8 hours (10 Rites of Passage) to approximately 16–18 hours ("Active Relationships"). Until 2009, the GAHMI did not specify a minimum number of hours for service delivery and did not track the number of hours that classes were held. In 2009, as part of the emphasis on increased monitoring and accountability of HMR classes, the GAHMI set a minimum service delivery of 6 hours per participant.

Table 5-5 highlights the different curricula used in each of the six sites. The least number of curricula offered is three, in the Columbus site; Southeast Metro offers the most, seven. In some sites, because of the popularity of the curriculum, the GAHMI has hosted multiple training sessions across years with the same curriculum.

HMR classes are delivered by a variety of organizations using several different formats. As illustrated in table 5-5, no one service delivery approach is used across the multiple sites and organizations. Often the classes are delivered in churches as part of couples' groups, or at social service organizations as part of existing programs. The duration of classes and the formats offered seemed to depend on how often the certified trainers met with their existing groups or clients. For instance, in the NPU-V site, the No Jerks curriculum was delivered to teenagers during a summer camp session and as part of GED classes. Similarly, in Thomasville, the No Jerks curriculum was offered to youths through the Boys and Girls Clubs and a charter school. Thomasville's nonprofit also received a State-funded grant to deliver the No Jerks curriculum to mothers who lived in public housing and were receiving Temporary Assistance for Needy Families. Additionally, a pastor at a local church offered the Active Monies curriculum to couples from the church in a 2-day weekend format.

Some sites were beginning to expand service delivery outside of their existing networks. One site, Southeast Metro, rented space outside of its own organizations to expand services to be more available to the public. One certified trainer who worked at a church said that she liked how she would be able to offer HMR services outside the church to cohabiting couples who would not be targeted for church-based HMR services. Interviewees liked the flexibility of the GAHMI approach so that they could modify the service delivery format to offer the classes at different times and days to meet the needs of participants and the target population.

Table 5-5. Summary of HMR service delivery status in Georgia Healthy Marriage Initiative sites, October 2006 to June 2009

Site	Curricula	Summary of HMR classes and events
North Atlanta	No Jerks LINKS 10 Great Dates Couple Communication Active Relationships African-American Couple	HMR classes offered as part of counseling sessions at social service organizations and as part of couples' seminars offered at churches. The leadership team hopes to expand service delivery to include classes in businesses, reach out to a broader community base, and deliver classes in Spanish to meet the needs of the growing Hispanic population. The site recently offered a "Workshop Mania" event to showcase all the different HMR curricula offered through their network to the community.
Southeast Metro Marriage and Family Network, dba Committed2you	10 Great Dates Survival Skills No Jerks African-American Couple Enrichment PREPARE/ENRICH FOCCUS Couple Communication	Most classes have been delivered at churches and CBOs. The site recently opened a new office to deliver classes and offers a series of community events to showcase different curricula.
NPU-V Healthy Relationships Network	No Jerks Survival Skills Basic Training 10 Rites of Passage	Depending on the class, selected topics or the entire curriculum have been covered in partners' social service programs—for example, during GED classes, a substance abuse recovery program, and a fatherhood program.
Macon Marriage Network	Basic Training 8 Habits Stepfamilies No Jerks Couple Communication	Most classes are delivered in churches. The leadership has identified potential new partnerships with two universities.
Thomasville Family and MarriageNet, Inc.	PREPARE/ENRICH FOCCUS Stepfamilies Active Relationships Couple Communication African-American Couple Enrichment	Most classes were initially delivered in churches. The site expanded to partner with the Department of Community Affairs to deliver services to mothers on TANF who live in public housing. The site also delivers classes to youths in the Boys and Girls Club and a charter school.
The Columbus Community Marriage and Family Initiative	Survival Skills PREPARE/ENRICH 10 Great Dates	HMR classes are delivered in churches and as part of the Pastoral Institute classes.

Table 5-6 highlights the organizational capacity built by the GAHMI since the project's inception. Each site has a leadership team in place. Three of the sites have a board of directors. Five of the six sites have designated executive directors; two of which are paid positions. There are no other paid positions at local sites. Three of the sites (North Atlanta, Southeast Metro, and Thomasville) have established 501(c)(3) organizations. These three sites have also received local or Federal capacity-building grants to help with organizational startup. One site (Columbus) has been established as part of a larger organization, which provides funding for one staff position.

Table 5-6. Summary of organizational capacity status in Georgia Healthy Marriage Initiative sites

Site	Board of directors/ leadership team	Staff	Community organization*	Funding
North Atlanta	Board of directors	Volunteer executive director	501(c)(3) formed	Local private funding Pro bono public relations support
Southeast Metro Marriage and Family Network, dba Committed2you	Board of directors	Volunteer executive director	501(c)(3) formed	Federal Compassion Capital Grant sub-awardee*
NPU-V Healthy Relationships Network	Leadership team	None	Informal community network	None
Macon Marriage Network	Leadership team	Volunteer executive director	Plan to establish 501(c)(3)	None
Thomasville Family and MarriageNet, Inc.	Board of directors	Paid part-time executive director	501(c)(3) formed	Local capacity-building grant
The Columbus Community Marriage and Family Initiative	Leadership team	Paid full-time executive director	Established as part of the Pastoral Institute	Pastoral Institute and State grant from Office of Community Affairs to teach HMR curricula to low-income women

*Safehouse Outreach, Inc. received the Federal grant.

The GFC helps sites establish the organizational ties, provides ideas for funding sources, and hosts annual meetings for the GAHMI leadership teams at each site to learn from each other and the other six faith-based sites that are not funded by the Federal grant. During each annual meeting, the GFC staff focuses on organizational capacity-building exercises such as fundraising and developing leadership skills. At the most recent meeting, the leadership

training was successful, so the trainer was retained by GFC to design the new 5-hour refresher certification program intended to help motivate and encourage certified trainers to deliver HMR services. Given the delays associated with the startup of this large-scale, multisite project, the GFC is still experimenting with incentives and providing motivation for certified trainers 4 years into the project period. GFC staff expect that the majority of the participants will be served in the last year and a half of the project.

Domestic Violence

The GAHMI created a domestic violence protocol to provide trainers with background information about domestic violence awareness, information about domestic violence to hand out to participants, and a referral list of domestic violence social service organizations. The protocol emphasizes that any disclosure or discussion of domestic violence by participants will be addressed immediately so that no family member's safety is compromised. There are no screening criteria for domestic violence during intake; however, there are resources available for those who disclose violence, which are provided by the certified trainer. Although there is no formal screening process, the program includes language in program marketing materials that discourages participation for those who are experiencing domestic violence. For example, the GAHMI Web site states, "GAHMI is NOT an intervention program for domestic violence."[1]

Although certified trainers do not receive formal training in domestic violence through the GAHMI, several certified trainers work in social services and educational settings that would include domestic violence training.

Linkages to Other Services

The GAHMI does not provide formal linkages to other social services. The project compiled several documents that list information for support services that are included as part of the certified trainers' class materials. For example, documents include handouts focused on financial assistance, such as consumer credit counseling services, and lists of online financial resources, such as Debtors Anonymous and Internet credit counseling. The GAHMI also organized a resource list focused on addictions, including sex addiction and substance abuse, which includes information about meetings and Web-based support groups, as well as other referral sources for organizations that treat addictions.

Retention

Although the MIS is set up to track HMR class participation and retention, no formal tracking of participant retention rates was reported. Interviewees noted that many certified trainers delivered 1-day classes to the public or served groups that were associated with the social

[1] Georgia Department of Human Services and the Georgia Family Council. The Georgia Healthy Marriage Initiative. Retrieved January 25, 2010, from http://mythrivingfamily.com/about.php

service agency or church; therefore, retention issues were not viewed as an implementation challenge.

Media Campaign and Community Outreach

As the program implementation challenges were addressed, the media campaign and broad community awareness campaign were delayed. Although the program began in September 2005, it took about 2 years to develop a program brochure delineating GAHMI services. The initiative first gained broad exposure through the Web, with descriptions on the GFC and DHS sites as well as the creation of an overall program Web site (http://www.mythrivingfamily.com), released in August 2008. On this site, participants and community members can find resources, relationship tips, and details about upcoming classes. They can search by their ZIP Code to see what classes are being held nearby and can submit their information if they would like to be contacted about upcoming events. In addition, each of the six communities independently develops its own outreach strategies, such as a separate Web site for Thomasville (http://www.thomasvillefamily.com).

The program has also designed a community campaign to familiarize the six communities with marriage-focused messages. The plan originally aimed to stagger the release of six healthy marriage messages in 2- to 3-month intervals through four dissemination mechanisms: billboards and poster boards, fliers, bookmarks, and newspaper advertisements. With some initial delays, the first message was released in spring 2009 with 10,000 fliers and a billboard. The message, accompanied by a depiction of a child's handprints on cement, reads, "Your marriage will leave a lasting impression on your kids." These messages are intended to get the attention of potential participants by using a broader message; interested individuals or couples are then directed to appropriate services delivered by the GAHMI. The messages do not reference the GAHMI, but rather they are tri-branded to include GFC, DHS, and the specific local community organization in each site. Because of current funding constraints, the campaign is currently on hold, as available resources are being focused on other areas of programming. Potential future plans include releasing the other five messages and creating radio public service announcements.

5.4 *My Thriving Family* Program Participant and Certified Trainer Characteristics

Management Information System and Data Collection Process

Before the Section 1115 demonstration waiver, the GFC had not managed service delivery. Consequently, no management and data collection infrastructure existed to track GAHMI program participation. Therefore, GFC received Federal technical assistance offered to all of the Section 1115 demonstration waiver projects to develop a Web-based MIS to track information about the background characteristics of certified trainers and program participants as well as participation in training sessions and HMR classes.

Data are collected from both certified trainers and program participants based on enrollment form information. Certified trainers are required to fill out a certified trainer profile form at the time they sign the good faith agreement with the GAHMI, which typically occurs when the certified trainer attends a train-the-trainer session for certification. The background information from the certified trainer profile form is entered into the MIS by GAHMI staff.

Certified trainers are required to fully document each of their program participants in the MIS, including entering the information from the paper enrollment forms. As discussed in section 5.2, to address the inconsistent use of the MIS and facilitate more complete information capture on participants, the GAHMI implemented an enhanced and expanded certified trainer protocol in October 2009. The new approach offers incentives to trainers for fully documenting program participant information in the MIS, which requires 14 pieces of information obtained through the participant enrollment forms.

Healthy Marriage and Relationship Service Participation

Table 5-7 describes the GAHMI's progress toward achieving the grant's target goals. According to information compiled by the GFC, as of December 2009, the GAHMI had held 44 curricula training events in the six community sites. This represents two-thirds of the proposed number of certified training sessions to be completed during the grant period. Furthermore, according to GAHMI records, 657 trainers have been certified, representing about 88 percent of their goal of 750 certified trainers.

Table 5-7. GAHMI target participation goal achievement, by year

Services	(9/05 to 12/06)	(1/07 to 9/07)	(10/07 to 9/08)	(10/08 to 9/09)	(10/09 to 12/09)	Total	Grant goal	Percent goal achieved
Certified training events	8	11	13	9	3	44	70	63
Trainers certified	127	126	180	154	70	657	750	88
Participants	137	104	280	1,149	443	2,113	7,500	28
Couples	35	15	116	242	9	417		
Singles	67	74	48	665	425	1,279		

While the GAHMI is building the capacity of volunteer certified trainers for service delivery, the initiative has made slower progress in delivering HMR curricula to program participants. Of the 7,500 participants proposed to be served through the grant, 2,113 participants have received HMR services, representing about 28 percent of the target goal. Compared with other the Section 1115 HMI demonstration waiver sites, this is a large number of participants. As of December 2009, the program had reached more single people (1,279

individuals or 60 percent of participants) than couples (834 individuals participated as members of couples, representing about 40 percent of all participants). To facilitate achieving the original goal of 7,500 program participants, the GAHMI set a target of 200 participants per month from the end of 2009 until the Federal funding ends in 2011.

Participant Demographics

The data described here include all GAHMI HMR participant data entered into the MIS between September 2005 and June 2009.[2] The MIS data include information on 1,283 participants during this period. However, the demographic information for each participant is mostly incomplete. Because data available are not representative of the GAHMI participants, only gender and age, which are available for most participants (94 percent and 65 percent, respectively), are reported here.

The MIS data indicate that a majority of the GAHMI participants are female (56 percent female, 38 percent male, 6 percent missing gender data). Age is missing for 35 percent of entries; the remaining records indicate that the largest age category is 26–35 (17 percent) with those under 18 and in the range 36–45 being the next largest age categories of participants (13 percent and 12 percent, respectively).See table 5-8 for greater detail.

Table 5-8. Selected characteristics of participants in the Georgia Healthy Marriage Initiative, September 2005 to June 2009 (*N*=1,283)

Characteristic	Percent in each category
Gender	
Male	38
Female	56
Missing	6
Age	
Under 18	13
18–25	9
26–35	17
36–45	12
46–55	9
56 or older	6
Missing	35

Certified Trainer Characteristics

Table 5-9 provides descriptive information about the 366 individual certified trainers connected with the GAHMI. These tables present some family and occupation

[2] The MIS data included the 1,283 participants served up until June 2009. The total participants (2,113) reported in Table 4-7 includes the participants served through December 2009.

characteristics of certified trainers along with organizational sponsorship information. During their attendance at certified training sessions, volunteers fill out enrollment forms, which are submitted directly to GAHMI staff for input into the MIS. As a result, the certified trainer data are more complete than the participant data and provide a comprehensive portrait of certified trainers' backgrounds.

The typical GAHMI certified trainer is married and highly educated. As shown in table 5-9, the vast majority of the certified trainers are married or have been married in the past, with nearly 80 percent currently married and about 5 percent divorced. The certified trainers have relatively high levels of education, with 41 percent having earned a graduate or professional degree and another 34 percent having earned either a 2-year or a 4-year college degree.

Although the certified trainers have diverse occupational backgrounds, as shown in table 5-9, more than 40 percent of them work in community- or social service–related occupations, such as pastor or minister (18 percent), social worker (4 percent), and counselor or therapist (15 percent)—occupations that are likely to be related to their work as marriage education trainers. In general, a preponderance of the certified trainers are currently employed in social service positions (as opposed to retired), which may limit their time to volunteer to facilitate HMR classes. Table 5-9 also indicates that the vast majority of the certified trainers (67 percent) received sponsorship from either churches or ministries (40 percent) or faith-based community organizations (27 percent).

The certified trainers' data paint a picture of a group of trainers with the general experience based on employment in the social service and faith-based sectors, and the requisite educational backgrounds to deliver high-quality programming. While the certified trainers offer strong potential, the GAHMI found that a more focused effort is needed to help motivate service delivery, such as monetary incentives to increase the level of activity among trainers.

Table 5-9. Characteristics and sponsorship types of the Georgia Healthy Marriage Initiative certified trainers as of June 2009 (*N*=366)

Characteristic	Percent
Marital status	
Married	78
Single	12
Divorced	5
Separated	1
Widowed	1
Engaged	<1
Missing data	3
Education level	
Graduate/professional	41
College graduate (2- or 4-year college)	34
Some college/technical training	10
High school diploma	4
Missing data	11
Occupation	
Community and social services	43
Pastor or church-affiliated	18
Counselor or therapist	15
Other social services	6
Social work	4
Education, training, and library	11
Business and financial operations	5
Other occupations*	34
Retired	4
Management occupation	4
Missing data	8
Sponsor type	
Church or ministry	40
Faith-based or community organization	27
Individual	4
Government	4
School	3
Other**	4
Missing data	21

* Includes a range of occupations, such as health care and administrative support occupations (which represented <1 percent of responses).

** Includes a range of sponsor types, including school, business, health care, and consultant organizations (which represented <2 percent of responses).

Participants' Involvement with the Child Support Enforcement System

As indicated earlier, thorough data entry and client tracking were identified as program challenges. As a result of the limited data entered in the MIS, there was sufficient data to allow for a match with the child support administrative data system on only 270, or 23 percent, of the 1,283 program participants served from 2005 to June 2009. Of those 270 participants, 54 were found in the child support administrative records. Given the very limited data available to support the match with child support administrative records, the findings from the 54 cases are not presented in detail because they cannot be considered reflective or representative of the demonstration participant cases. Data from the match are presented in tables 5-10 and 5-11.

Table 5-10. Paternity establishment for the youngest child of participants in the Georgia Healthy Marriage Initiative, September 2005 to June 2009

Characteristic	Percent or number in each category
Total number of participants who matched in the child support system	54
Percentage of the total number of participants who matched in child support system (*N*=270)*	20
Percentage of participants who are custodians, or custodial or noncustodial parents, on cases involving the youngest child (*N*=54)	
Custodial	46
Noncustodial	39
Custodian	15
Number of children on case (*N*=54):	
1	76
2	9
3	15
Established paternity for the youngest child (*N*=54), %:	
Yes	85
No	15
Established paternity for youngest child after program enrollment (*N*=44)**, %	
Yes	2
No	98

Source: Georgia Healthy Marriage Initiative data for program participants matched with State IV-D records.

* Because of MIS data problems, only a subset of 270 of the 1,283 program participants was matched in the child support administrative data system.

** 10 missing program enrollment dates.

Table 5-11. Child support orders established for the youngest child of participants in the Georgia Healthy Marriage Initiative, September 2005 to June 2009

Characteristic	Percent or number in each category
Total number of participants who matched in the child support system	54
Percentage of the total number of participants who matched in child support system (*N*=270)*	20
Any child in record is covered by a child support court order (*N*=54), %:	
Yes	41
No	59
Established child support for youngest child after program enrollment (*N*=44)**, %:	
Yes	9
No	91
Average monthly child support ordered (*N*=13):	
All parents (*N*=13)	$212
Noncustodial parents (*N*=7)	$276
Custodial parents (*N*=6)	$137
Average monthly payment for noncustodial parents with active child support obligations (*N*=7):	
6 months pre-enrollment	$255
6 months post-enrollment	$229
18 months post-enrollment	$109
Percentage of noncustodial parents who increased the amount of payments, made $0 payments pre- and post-enrollment, or decreased the amount of payments (*N*=7):	
Increased amount of payments (*N*=1)	14
Made $0 payments throughout (*N*=2)	29
Decreased amount of payments (*N*=4)	57
Average monthly payment received by custodial parents with active child support obligations (*N*=6):	
6 months pre-enrollment	$71
6 months post-enrollment	$95
18 months post-enrollment	$47
Percentage of custodial parents who increased the amount of payments received, received $0 payments pre- and post-enrollment, or decreased the amount of payments received (*N*=6):	
Increased amount of payments received (*N*=2)	33
Received $0 payments throughout (*N*=2)	33
Decreased amount of payments received (*N*=2)	33

Source: Georgia Healthy Marriage Initiative data for class participants matched with State IV-D records.

* Because of MIS data problems, only a subset of 270 of the 1,283 program participants was matched in the child support administrative data system.

** 10 missing program enrollment dates.

For each matched participant, child support information for one child support case was extracted from the child support administrative data system. If a GAHMI participant had multiple child support cases, the child support case included in the data analysis is based on the case with the youngest child. Of the 270 GAHMI participants with data entered into the MIS, 54 participants matched in the child support administrative records. Therefore, 20 percent of the 270 GAHMI participants matched to the child support administrative system had a child support case for their youngest child, indicating that the primary service population for this subset of participants is not drawn from the child support enforcement caseload.

The analysis presented in table 5-11 indicates that 46 percent of the 54 matched participants were custodial parents on cases involving their youngest child, 39 percent were noncustodial parents, and a small proportion (15 percent) were custodians of children. Over three-quarters of the GAHMI participants had one child on the case involving the youngest child, 9 percent had two children, and 15 percent had three children. Although a low number of participants were matched in the IV-D agency administrative system, a substantial proportion (85 percent) of the matched GAHMI participants had established paternity for their youngest child. In all but one case, paternity establishment occurred before GAHMI program participation.

In future analysis drawing on the full spectrum of client data collected, an examination of child support payments pre- and post-program participation, one that draws from the full sample and accounts for other characteristics that can affect child support payments, will aid in understanding child support outcomes of GAHMI participants in greater detail.

Perspectives of Selected Participants

Only one married couple responded to opportunities to meet with the research team to share their perspectives. They heard about the program through their church and enrolled in an HMR weekend class taught by their pastor, a certified GAHMI trainer. At first, the husband was hesitant to give up 2 days on the weekend to attend, but once the class began, both members of the couple reported learning new skills. They both commented that they especially enjoyed learning how to communicate better and having the opportunity to talk about serious issues, such as intimacy and finances. They also indicated that the class manuals were a helpful resource that they used at home.

The couple was satisfied with the financial classes they attended, but they felt that Friday evening and all-day Saturday classes were draining. Although they suggested that multiple shorter classes might be less tiring, the couple acknowledged the difficulty of having people commit to several weeks of classes.

Both members of the couple noted a big need for relationship education in their community, and they pointed out that most people are likely unaware of the services available. They

suggested better marketing of the program and brainstorming on how to frame the program to make it more appealing, especially for younger people. Another suggestion was to include a curriculum focused on interracial couples.

5.5 Conclusions

The GAHMI is a large-scale effort to build community capacity in multiple locations across Georgia to deliver HMR services. It is pioneered by a new collaboration between the Georgia DHS/DCSS and the GFC. Setting ambitious target goals since its inception, the project aims to build self-sustaining HMR-focused organizations and to train 750 certified trainers and serve 7,500 participants in multiple HMR curricula tailored to meet identified community needs. According to GAHMI records, from September 2005 to December 2009, the GAHMI facilitated the formation of three 501(c)(3) organizations, certified more than 650 trainers to deliver HMR services, and served more than 2,100 individuals with HMR classes, representing 88 percent of the goal for trainers and 28 percent of the goal for participants.

For the GFC, the Section 1115 demonstration waiver provided an opportunity to extend their work with the community coalitions—from fostering awareness about the benefits of healthy marriage and divorce prevention to building the organizational and management capacity of organizations, developing a workforce to deliver HMR services, and providing HMR services to address these family issues. For DHS/OCSS, the project represented a first-time effort to offer a new set of relationship educational services that could reach parents involved with the child support enforcement program or who may be at risk of involvement. In part because of the low involvement of local child support offices in each community site, and certified trainers' limited recruitment of parents dealing specifically with child support issues, HMR services in the first 4 years of project implementation did not reach the child support enforcement population to a great extent.

Because GFC had not previously provided educational services or replicated service delivery in multiple sites, a new management and service delivery model was designed and then implemented in six sites. The GAHMI stakeholders interviewed noted both the advantages and disadvantages of the decentralized service delivery system, which was staffed primarily by a core volunteer leadership group and certified trainers.

The GAHMI staff had the benefit of experience with many of the community coalitions, and interviewees noted that GAHMI was able to successfully mobilize organizations and volunteers to self-fund their participation in HMR-certified trainings. The long-term goal is for each site to develop an organization or a local network that will sustain HMR activities after the Federal funding ends. A key success for GAHMI was the development of three new community nonprofit organizations. One organization successfully applied for and received capacity-building funding, as well as mentoring through a local, federally funded

intermediary organization. In some cases, the GAHMI trainings and capacity-building services allowed certified trainers the opportunity to deliver services outside of their immediate networks. The GAHMI also successfully started a new community awareness campaign in the six sites focused on providing information about the relationship between marriage and child well-being. Also, the Web site may help centralize information about class offerings and facilitate registration over time, as more certified trainers take advantage of the Web site and include relevant information about services or classes available.

Starting a brand-new service delivery system across multiple sites was a time-intensive effort that encountered several implementation challenges. The major challenge discussed by all stakeholders was the initial startup of HMR educational sessions. The initial service delivery model, while comprehensive, relied on the time and energy of volunteers. Furthermore, this model passed on the participation costs (e.g., costs of workbooks) to program participants. The dedication and enthusiasm of many volunteer certified trainers was apparent, as they found time to deliver the classes despite multiple family, work, and community responsibilities. However, because of perceived confidence issues and other barriers (e.g., lack of dedicated space to hold classes, lack of funding for participation incentives), many certified trainers did not provide the training that they committed to when they participated in HMR certification training sessions. Also, the volunteer NTCs and RCCs, who were designated to motivate and encourage service delivery by certified trainers, were not fully implemented in any of the six sites. To address these challenges, in Years 4 and 5 of the grant, the GAHMI made the curriculum available at no charge; in Year 5 of the grant, the GAHMI instituted paid incentives for certified trainers to deliver and then document classes and provided additional training at no cost to the certified trainers to give them more opportunity to gain confidence and skill.

Another major implementation challenge involved the monitoring and tracking of participants. For most certified trainers, the GAHMI successfully obtained information that provided demographic characteristics and information on previous facilitation experience. However, the monitoring and accountability processes to ensure appropriate and complete entering of participant information proved to be inadequate. The GAHMI staff instituted monetary incentives and hired a systems specialist at the GFC to address these challenges. It remains to be seen whether the incentives will motivate complete and accurate data entry by trainers. Additional challenges remaining to be addressed in the last years of the demonstration identified during the site visit include the lack of formal screening for domestic violence; limited support services provided to participants to facilitate class attendance; and limited partnerships that would lead to a referral system to provide other needed services to participants, such as child support, employment, child care, or housing assistance, to name a few.

As the GAHMI continues its commitment to growing service delivery and experimenting with innovative program approaches to reach project target goals, the results of this demonstration will be important to informing future large-scale community HMR efforts.

6. COLORADO HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD COMMUNITY DEMONSTRATION INITIATIVE

6.1 Introduction

The Colorado Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative is a first-time partnership between the Colorado Department of Human Services (CDHS), Office of Self Sufficiency, Child Support Enforcement (CSE) Program and the Family Resource Center Association (FRCA), a statewide network of community-based family resource centers (FRCs). Partner Up, the healthy marriage and relationship program, represents an additional set of educational services for families that receive case management and FRC family support services, such as early childhood education and parenting classes.

The Partner Up demonstration program operates at 5 of the 24 local FRCs in the Denver metropolitan area and throughout the state. This program helps low-income families to address healthy relationships and marriage by conducting needs assessments and providing case management referrals to other needed services, delivering healthy marriage and relationship (HMR) classes, and providing access to child support services, as needed.

The Colorado demonstration project focuses on expanding family services for existing FRC clientele rather than attempting to reach more broadly by conducting a formal media or community outreach campaign. Each FRC recruits families for Partner Up from its own child- and family-focused programs and publicizes services through existing professional networks. Because the FRCs have been embedded in local communities for the past two decades and are, therefore, familiar with the characteristics and needs of local families, each FRC tailors the Partner Up program to the specific needs of families that access their services. For example, the Partner Up class formats and curricula vary at each of the five FRCs to address individuals and couples and also the racially and ethnically diverse population of families in the different regions of the state.

Target Population and Geographic Scope

The original proposal specified a target number of 300–400 low-income, unmarried parents (known as “fragile families”) as participants; during the project, this target was changed to 300–400 individuals.

Except for screening out couples experiencing domestic violence, the Partner Up program does not have any specific eligibility criteria for program participation. Therefore, Partner Up participants can include both individuals and couples, with and without children.

Table 6-1 presents the five Colorado Partner Up FRCs and their locations, which include seven counties. Two of the FRCs are located in the Denver metropolitan area. One FRC encompasses a Spanish-speaking immigrant enclave centrally located in the city of Denver (Focus Points FRC), and a low-to-middle-income area in suburban Denver, east of the city (Lowry FRC). Two FRCs (La Plata and Pinon FRCs) are located in the southwest corner of the State, and one FRC (Mountain Resource Center) is located in the rural central mountainous region.

With the exception of the La Plata FRC, which serves both a low-income population and a higher income population in Durango, a popular tourist and ski area, the FRCs primarily serve low-income families. Table 6-1 indicates that the five FRCs serve racially and ethnically diverse families, including immigrant and American-born Hispanic populations (Focus Points and three other FRCs), Native Americans (La Plata and Pinon FRCs), African Americans (Lowry FRC), and Whites (Mountain Resource Center and three other FRCs).

Table 6-1. Geographic target areas of the Partner Up program, by Family Resource Center

Family resource center (FRC)	Demographics of families served	County	Description of geographic target
Denver metropolitan area			
Focus Points	▪ Low-income ▪ Hispanic immigrant population	Denver County	Denver, central city
Lowry	▪ Low-to-middle-income ▪ White, Hispanic, and African-American	Denver, Adams County	Two locations in Denver in metropolitan area
Other counties in Colorado			
Pinon	▪ Low-income ▪ White, Hispanic, and Native American	Montezuma County	Southwestern Colorado, on the border of Utah, Arizona, and New Mexico (known as the "Four Corners")
La Plata	▪ A mix of lower income and upper-middle-class ▪ White, Hispanic, and Native American	La Plata County	Southwestern Colorado; includes the city of Durango, contiguous to Montezuma County
Mountain Resource Center	▪ Low-to-middle-income ▪ White	Jefferson, Clear Creek, and Park Counties	Central mountain region of Colorado, west of Denver

Funding

The 3-year Child Support Enforcement Section 1115 demonstration waiver was approved in September 2005 and provided $830,000 in Federal funding. The waiver required a

34 percent funding match that was collectively paid for by the FRCs in the project and was deducted from the total funding allotted to each FRC. For most of the sites, recruiting efforts for the HMR classes started in October 2006. The Partner Up program delivered HMR services for approximately 2 years when the Section 1115 demonstration waiver funding ended in December 2008. Three of the five demonstration FRCs have retained the educational curricula as part of their array of educational service offerings, either as a standalone component or as a part of other family services, such as parenting classes or fatherhood programs.

Organizational Structure and Staffing

The Section 1115 demonstration waiver was awarded to the CDHS, CSE program. CSE subcontracts to the FRCA, the community partner, which establishes contracts with each of the five FRCs for service delivery. The FRCA is a statewide consortium of 24 FRCs geographically dispersed throughout the State. FRCs originally began as a State-funded initiative to address community-level social service delivery gaps. Comprising community-based centers around the State, the local centers were established to increase access to family support services by economically vulnerable families. In the late 1990s, the State funding ceased, and the FRCs became an independent association funded by foundation and private donations, the Colorado Department of Health, and State taxes (through a check-box on State income tax forms).

Core services provided by all 24 FRCs include early childhood education programs, youth development programs, parenting classes, and case management. In addition to youth and parenting programs, the mix of services at each site varies, depending on local funding sources, community partnerships, and immediate service needs within the community. For example, Focus Points FRC, which primarily serves an immigrant Hispanic population, offers English as a second language (ESL) classes.

The State-level CSE was most involved during the program startup phase to help the FRC sites establish partnerships with the county CSE offices to provide information and referrals for Partner Up participants. Interviews with stakeholders from both the State and community-based agencies indicated that the level of collaboration varied between the local CSE offices and the FRCs.

Despite attempts by the State CSE staff to facilitate communication between the FRCs and county CSE departments, new partnerships did not flourish at three of the five FRCs. Interviewees cited several reasons for the lack of cooperation, including limited CSE staff buy-in to Partner Up because of a lack of understanding of how program goals fit with CSE goals, limited FRC staff buy-in at some sites about how CSE services help families, and FRC staff distrust of the CSE program and practices. Two of the FRCs had prior relationships with county CSE offices and were able to continue to connect Partner Up clients to CSE services, as appropriate.

The FRCA established contracts with 5 of the 24 FRCs for Partner Up service delivery. While the format of and recruiting for the Partner Up program may vary at each FRC, the staffing model is similar across the FRCs. For example, the executive director at each FRC oversees Partner Up operations and community outreach efforts. Additionally, as a part of the executive directors' responsibility to represent the FRCs at various community meetings and with professional networks, they publicize the Partner Up program as one of the multiple FRC family services offered.

All of the FRCs provide case management services and use a standardized intake. At least one FRC staff member, termed a "Partner Up Coordinator," conducts intake and needs assessments with families interested in the HMR classes. This staff member also is a trained facilitator in an HMR curriculum. Because FRCs also provide parenting education, some sites cross-train other FRC staff, such as parenting class facilitators in the HMR curricula, to increase the pool of facilitators for Partner Up. In addition, during the course of the grant, many of the FRC sites received funding from a federally funded Responsible Fatherhood (RF) grant awarded to the State and were able to train a new group of facilitators in the HMR curricula. Because most of the Partner Up coordinators are female and the RF facilitators are male, the FRCs have both the male facilitators from the RF grant and the female facilitators from Partner Up deliver the HMR classes.

Policy Environment

During the site visit, key informants described the overall policy environment in Colorado as being highly supportive of fostering the Partner Up program's HMR goals. Both State and county CSE offices have extensive experience working with noncustodial fathers to increase access to paternity establishment, to assist with child support order payments and modifications, and to provide referrals to employment and other support services.[1] Additionally, the State of Colorado has been active in applying for and receiving funding through the federally funded Healthy Marriage Initiative (HMI) and the RF initiative since their inception. Eight HMI and RF grantees are dispersed across the State.[2] Key informants reported that there is high-level CDHS agency and CSE program support at the State level for the Partner Up program goals. However, because of the smaller scale of service delivery and limited public awareness campaigns, the program is not well known.

Within CDHS, the divisions overseeing programs such as Temporary Assistance for Needy Families (TANF) and CSE have been encouraged to participate in a multiagency coalition as

[1] Department of Health and Human Services. Promoting Responsible Fatherhood: Federal Resource Site. *Around the regions: 2002 activities.* Retrieved March 1, 2010, from http://fatherhood.hhs.gov/Partners/regions/regions02.shtml#r8

[2] Department of Health and Human Services, Administration for Children and Families. *Regional map of ACF Healthy Marriage Grantees*. Retrieved March 1, 2010, from http://www.acf.hhs.gov/healthymarriage/pdf/comprehensive_grantees.pdf

part of the Governor's statewide Strengthening Families Initiative.[3] The goals of the initiative, as described by agency interviewees, are to share information about HMI and RF programs, to help coordinate local efforts between programs and counties to avoid service duplication, and to cross-promote activities. For example, in 2006, in addition to the Section 1115 demonstration waiver that funded Partner Up, CDHS received a $10 million, federally funded RF grant to implement a statewide public awareness campaign and to develop the capacity and provide funding to community-based and faith-based organizations to deliver fatherhood services.[4] Several of the FRCs, including four of the Partner Up sites, applied for and received available RF funds. These funds allowed each site to establish a fatherhood program that included the hiring of a new staff person who was trained in the HMR curriculum. Interviewees reported that communication among the cross-agency coalition team helped to ensure that services provided by Partner Up and other co-located, community-based RF or HMR programs did not duplicate efforts.

6.2 Program Planning and Design Phase

Partner Up Project Goals

Compared with the United States as a whole, Colorado has a higher divorce rate and a lower percentage of births to unmarried women. In 2004, Colorado ranked 47th among all States in the percentage of births to unmarried women and 14th in the percentage of married adults who are divorced.[5] Denver County had a higher birth rate to unmarried women (34 percent), compared with all other counties in the State (26 percent), but had a slightly lower unmarried birth rate, compared with the national rate (36 percent). The percentage of ever-married adults in the State who were divorced was 16 percent, compared with the national average of 15 percent.

Given the high rate of nonmarital births in Denver compared with the state, and the higher rate of divorce in Colorado compared with the national rate, the overall goals of the Partner Up program, as specified in the Section 1115 demonstration waiver, include the following:

- Strengthen marriages and improve family relationships for 300–400 high-risk, low-income parents.[6]
- Identify Colorado policies that are disincentives to marriage.

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[3] Administration for Children and Families. (2004). *Temporary Assistance for Needy Families information memorandum.* Retrieved January 30, 2010, from http://www.acf.hhs.gov/healthymarriage/about/temporary_assistance.html

[4] Colorado Department of Human Services, Division of Colorado Works. (2009). *Be There for Your Kids*. Retrieved March 1, 2010, from http://www.coloradodads.com/index.cfm?page=10

[5] Unless otherwise noted, statistics included in this paragraph are drawn from the following report: Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2008). *The marriage measures guide of state-level statistics.* Retrieved January 20, 2010, from http://aspe.hhs.gov/hsp/08/MarriageMeasures/tables.shtml#Colorado

[6] During project implementation, this target goal was changed to 300–400 individuals.

- Develop best practices, especially in relationship to parents, including parents in the Hispanic community.
- Provide technical assistance to community programs that want to create similar programs.
- Document program effectiveness and disseminate information about successful practices.
- Support child support enforcement goals, including
  - increasing paternity establishments,
  - increasing voluntary compliance with child support,
  - fostering a better image for the child support program, and
  - collaborating with court agencies to assure support for children for whom child support has been requested.

The principle activities for Partner Up to achieve the overarching goals specified in the Section 1115 demonstration waiver include the following:

- Work with low-income, unwed parents served by public health agencies to promote access to education and services to promote healthy relationships, healthy marriages, and responsible fatherhood and motherhood.
- Provide information to increase paternity establishment and voluntary child support compliance.
- Transmit information on best practices to public health agencies to assist them in building healthy marriages.
- Increase the number of healthy, intact families that raise children and increase the percentage of unwed fathers and mothers who remain positively involved in raising their children.
- Identify Colorado policies and procedures that serve as disincentives to marriage and identify policies that need to be revised to promote healthy marriages and stable families.
- Change Temporary Assistance for Needy Families (TANF) and child support policies that discourage two-parent families.
- Intervene with couples to help them deal with personal obstacles and to provide skills leading to better parental relationships and healthy marriages.

Program Planning and Design Changes

Based on a case management model that includes Partner Up coordinators assessing and referring clients to needed services, the Partner Up program fits into the existing service delivery infrastructure of the FRCs by recruiting participants from the programs' other family support programs that serve couples and parents and from each FRC's social service referral networks. A Partner Up coordinator manages service delivery and facilitates the HMR classes at each FRC. Decentralized management of service delivery allows each of the five

FRCs the flexibility to define the target population and design the educational services appropriate to the local families served. The core service delivery approach of the Partner Up program did not change through the 3-year grant period. One of the key startup successes noted by staff was that the program was built to fit into the FRC service delivery context rather than having to build the program from the ground up.

Program Startup Challenges

During the project startup phase, however, the initiative encountered several service delivery challenges, including the FRCs' misunderstanding of the extent of flexibility in program design, the limited detail available about the core services delivered at individual FRCs, the limited use of the management information system (MIS) to track client participation and services delivered, difficulties with recruitment, and low initial buy-in and high turnover among local FRC staff members.

According to multiple project staff, the FRC staff did not have a clear understanding of the expectations and definitions of HMR services. This misunderstanding led to a program design that initially did not include the delivery of specific HMR-focused classes at some sites. For example, some FRCs believed they met expectations by distributing written material about the benefits of healthy marriages for children or including a short component about HMR issues within other educational classes. Similarly, providing parenting education rather than a specific marriage education curriculum had initially been delivered to clients as part of—and, in some cases, instead of—HMR classes. Additionally, some of the sites were new to tracking participants and entering data into an MIS, as required by the Federal grant. This limited use of the MIS to track participants' enrollment and class participation and initially complicated the oversight of service delivery by CSE and FRCA because it was unclear how many participants were being served.

Another initial challenge cited by the FRC staff was the difficulty recruiting couples and the FRCs' uncertainty about whether other families served by the FRCs—such as single parents, gay and lesbian couples, or couples in common-law marriages—were eligible for services. Furthermore, trouble establishing FRC buy-in was another issue noted by several interviewees. Some FRC staff reported skepticism about the focus on marriage in low-income populations. Also, some staff believed that the FRC focus should remain on parenting rather than marriage to improve child well-being, especially in the case of parents participating in supervised visitation. As the project evolved and the FRC staff developed a better understanding of the core lessons of the HMR curriculum, staff reported that the Partner Up program became more integrated into the FRCs. Receiving RF grants that allowed for both women and men to co-facilitate the HMR classes and model healthy communication also helped the FRC staff to accept the educational materials.

Lastly, staff turnover in key positions, such as executive director and Partner Up coordinators, at each FRC also made consistent service delivery challenging. Additionally,

the executive director of the FRCA and a site executive director passed away, which understandably contributed to delays in program implementation.

Addressing Startup Challenges

To address the service delivery challenges identified in the first year of the grant, the key partners involved in Partner Up instituted the following program changes:

- Clarified definitions and components of Partner Up through ongoing individual or group training on an HMR curriculum.
- Expanded the target population from couples to include single parents interested in the HMR classes (which helped to increase the number of participants).
- Targeted technical assistance provided by the Department of Health and Human Services, Administration of Children and Families regional staff and the local evaluator to motivate greater use of the MIS and to report more detail about the HMR classes.
- Reviewed client records to help identify participants who received the HMR classes delivered in a group format or in one-on-one sessions.

Key Partners and Community Coalition

Partner Up was a first-time collaboration effort between CSE and FRCA. While the FRCs and CSE had experience delivering educational services to single parents, and FRCs provided parenting programs to couples, providing education specifically about couple relationships was a new approach. Key stakeholders noted that the strength of the local partnerships developed between the FRCs and county CSE offices depended on whether or not the FRC had worked with the local CSE before. Local sites without established relationships with the CSE prior to program implementation did not build new collaborative partnerships.

Since Partner Up was added as a new program within the existing social service infrastructure of the FRCs, project partners decided not to form new community coalitions but rather to rely on the existing formal or informal community network of providers that refer families to FRC services. For Partner Up, program staff at each FRC reported recruiting clients from existing referral networks, including employment and training organizations, mental health and substance abuse providers, churches, and local court and probation systems. For one FRC, judges make referrals for parents' supervised visits with children and for voluntary parenting or Partner Up classes.

6.3 Initial Operations and Services

Recruitment Strategies

Inherent in the decentralized service model for Partner Up is the flexibility for each FRC to adopt different recruitment strategies from FRC family support programs. As highlighted in table 6-2, each FRC recruits from its existing family support programs, such as parenting

classes, support groups, and fatherhood programs. Within each FRC, the family support programs, target populations served may vary.

Fatherhood programs are also targeted as referral sources because they serve noncustodial fathers, a target population of Partner Up. Most of the FRC parenting and fatherhood programs are designed to be longer-term services that allow the FRC staff to get to know families that are motivated to participate in family-focused education as well as their specific needs. This can help with referrals to the HMR classes.

To recruit for services, Partner Up coordinators make announcements and hand out flyers in FRC education classes about upcoming class sessions. These coordinators also conduct outreach with other program case managers and educators to identify individuals and couples interested in learning more about strategies to develop and maintain healthy marriages and relationships. Coordinators then contact these individuals or couples to explain Partner Up and assess their interest in enrolling.

As shown in table 6-2, in addition to targeting recruitment to FRC parenting and fatherhood classes, FRC sites recruit from other in-house adult education programs, such as ESL, family nutrition, and health and wellness classes. Three of the FRCs also target recruitment efforts to parents that participate in their onsite child visitation programs for noncustodial parents or the Safe Exchanges program, which provides parents experiencing conflicts and breakups with a place to drop off children without having to interact with each other. Noncustodial parents in supervised visitation or the Safe Exchanges program can participate in Partner Up classes individually. FRC staff reported that, many times, staff work with noncustodial parents in a one-on-one format rather than a group setting. Couples experiencing an acute conflict situation or domestic violence cannot participate together in couples' classes.

To a lesser extent, the FRCs also recruit from faith-based and community-based organizations that are part of the local referral networks. Additionally, the two FRCs in southwestern Colorado, La Plata and Pinon, recruit from the broader community using local media sources.

Table 6-2. Recruitment sources for Partner Up services, by Family Resource Center

Family resource center (FRC)	FRC internal programs	Outside FRC
Denver metropolitan area		
Focus Points	Parenting education Fatherhood program Family nutrition education English as a second language	Churches; community health centers
Lowry	Parenting education Fatherhood program Family reunification and visitation	Multiservice social service providers, such as Families First; county courts
Other counties outside of Denver		
La Plata/Durango	Parenting education Fatherhood program Safe Exchanges program Child visitation	Some recruitment of broader community through newsletter and local newspaper
Pinon	Parenting education Fatherhood program Safe Exchanges program Child visitation Even Start Employment program	Courts; some recruitment to the broader community through newsletter and local media
Mountain Resource Center	Parenting education Fatherhood program Women, Infants, and Children Health Center	Churches

Intake and Screening

Once an individual or a couple is referred to Partner Up, the coordinator meets with clients to go over the program format. Across the FRCs, a standard Partner Up enrollment form is filled out by participants. Partner Up coordinators conduct needs assessments to determine the level of need across 16 different categories, including employment, financial assistance, access to health care, and housing. Particular attention is paid to eight categories for which FRCA receives funding to help address. Coordinators also provide case management, including the coordination of referrals to needed services following the procedures outlined at each FRC. There are no screening or eligibility requirements other than for domestic violence, which is discussed in greater detail later on in the report.

Curriculum and Programs

Each FRC serves a diverse clientele and offers multiple educational curricula as part of its overall family support service delivery approach. For the Partner Up program, the five FRCs

provide a combination of group- or individual-level HMR education classes, depending on the number of families that sign up for the courses, on whether participants attend as individuals or couples, and on whether participants are assessed as needing more intensive, one-on-one help. All five of the FRCs' Partner Up programs offer at least one or two marriage education curricula for singles or for couples. Also as part of Partner Up, the FRC staff offer short-term educational sessions, ongoing individual support, and written materials about the HMR educational curriculum, such as appropriate class worksheets and materials detailing the benefits of healthy marriages and family relationships on children.

The available curricula and the class formats at each FRC are shown in table 6-3. The format for service delivery, as suggested by the curriculum developers, is approximately from 6 hours to 8 hours for Couple Communication. Fragile Families generally runs for 2 hours weekly for 8 weeks for a total of 16 hours. For CORE Communication, no minimum time is suggested by the curriculum developers. The class formats differ among the FRCs; class sessions range between 1.5 hours and 2.5 hours per session, and classes typically last between 4 weeks and 10 weeks. One exception is the CORE class at the La Plata/Durango FRC, which provides the curriculum individually in a single 3-hour session. Most classes are delivered in a group format, but they are also delivered at Pinon on a one-on-one basis, as needed.

As a product of Partner Up's decentralized approach, each FRC defines its own graduation requirements. Some of the FRCs have no formal graduation requirements, some allow participants to miss one to two classes, and some require participants to complete all of the classes. Specific class requirements for each FRC are shown in table 6-3. As an incentive for this programming, all of the FRCs offer free child care and dinner prior to the classes. Focus Points FRC charges a fee to cover the cost of the curriculum for individuals and couples to attend classes.

Table 6-3. Partner Up curricula, class format, and class requirements, by Family Resource Center

Family Resource Center (FRC)	Curriculum	Class format	Class requirements
Denver metropolitan area			
Focus Points	Fragile Families	2.5-hour class once per week over 10 weeks	To cover the cost of curriculum, charges $25 per individual. No specific graduation requirements.
	Couple Communication I	2-hour class once per week over 8 weeks	To cover the cost of curriculum, charges $35 per couple. No specific graduation requirements.
Lowry	Fragile Families	2-hour class once per week over 8 weeks	Requires attendance at 7 out of 8 classes to graduate.
Other counties outside of Denver			
La Plata/Durango	CORE	One 3-hour individual session	No graduation requirements.
	Couple Communication I	2-hour class once per week over 4 weeks	All classes need to be completed. One makeup session is available.
Pinon	CORE	1.5-hour classes for 6 sessions	All classes need to be completed for graduation. Have one-on-one sessions, if needed.
	Couple Communication I	2-hour classes once per week for 4 weeks	All classes need to be completed for graduation.
Mountain Resource Center	Couple Communication I	2.5-hour classes twice a week for 6 weeks	Need to complete 10 out of 12 classes to graduate.

Table 6-4 presents topics generally covered in CORE Communication and Couple Communication. CORE Communication has eight topics and is aimed primarily at singles. Couple Communication includes five topics and is taught to couples. Both curricula are taught in either a group or an individual setting. Typically, if facilitators work one-on-one with individuals or couples, they use the "Map-an-Issue" lesson to work out a solution to a specific conflict. For a detailed description of the Fragile Families curriculum for mothers, fathers, and couples, see chapter 4 (Louisiana).

Table 6-4. CORE Communication and Couple Communication I topics used in the Partner Up program

The CORE Communication and Couple Communication I curricula teach practical sets of talking and listening skills and aim to improve relationships with romantic partners, spouses, family members, and friends. In both curricula, skills are developed through presentations, demonstrating communication skills, applying learning to real-life issues, and coaching and feedback. The topics of each course are detailed below.

CORE Communication

CORE Communication is structured as a course that can be taken one-on-one with an instructor or in a class with an instructor. The course is geared primarily toward singles. The curriculum consists of the following content:

1. *Four Styles of Communication*—Works to improve communication skills and become aware of ways to successfully talk and listen.
2. *S.O.S. System*—Recognize how attitude and behavior reflect each other and consider how an issue affects a whole relationship system (the people an issue involves or affects).
3. *The Awareness Wheel Map*—Presents six talking skills that will help facilitate better communication with others.
4. *The Listening Cycle*—Teaches participants to use five listening skills to best understand other people.
5. *Interactive Principles and Guides*—Teaches individuals to react productively to challenging situations.
6. *The Conflict Patterns Map*—Allows participants to understand their personal patterns in handling conflict.
7. *The Map-an-Issue Process*—An eight-step guide that combines the 11 talking and listening skills to handle situations more productively.
8. *Special Processes*—Developed to respond to fights or other such negative communication styles.

Couple Communication I

Couple Communication I is delivered either in a group with an instructor for a total of 8 hours or separately as a couple with an instructor for six 50-minute sessions. Couple Communication I consists of the following content:

1. *Recognizing the 7 Ingredients of a Collaborative Marriage*—Introduces participants to the elements, identified by curriculum developers, of a healthy marriage or relationship.
2. *Choosing Communication Styles*—Provides a map for participants to identify ineffective and effective ways of talking and listening and to improve the quality of communication.
3. *Using the Awareness Wheel*—A tool for participants to understand themselves and situations better (a foundation for effective communication) and to apply six talking skills to connect in a clear and constructive way.
4. *Applying the Listening Cycle*—Allows participants to use five listening skills to best understand other people.
5. *Mapping Issues*—A nine-step process that combines the talking and listening skills for participants to make decisions and resolve conflicts collaboratively.

Sources: Interpersonal Communication Programs, Inc. (ICP), *Couple Communication: Skills and tools for your Life Together.* Retrieved March 8, 2010, from http://www.couplecommunication.com/ and *CORE Communication: Course Description and Material,* Retrieved March 8, 2010, from http://www.comskills.com/course-description.htm

Typically, the FRCs have a limited number of staff working solely on Partner Up programming. As such, most FRCs have one Partner Up coordinator who is formally trained in the HMR curricula. Given the relatively high rate of turnover for Partner Up staff, including coordinators, not all facilitators have been formally trained by the curriculum developer to facilitate the curriculum. Rather, they are trained by the existing staff that have been certified to teach the curriculum but are not certified to conduct facilitator training. To date, the FRCs have not developed strategies to address training challenges brought on by staff turnover.

Domestic Violence Referrals

FRC staff, including the Partner Up coordinator who facilitates HMR curricula, are provided with a domestic violence protocol that assesses whether there is any past or present domestic violence of participants and establishes procedures to make referrals when needed. The protocol consists of a screening document that contains questions that the Partner Up coordinator asks during the intake interview. The answers to these questions help the coordinator determine whether participants are at risk of domestic violence, if they are currently involved in an abusive relationship, or if they would be uncomfortable participating in the HMR classes with their partners. If the coordinator suspects that a participant may be at risk of domestic violence, based on answers to these preliminary questions, a further set of questions is used to determine the seriousness of that risk. If necessary, the coordinator can then make a referral to an appropriate service. Additionally, all participants are given a resource list before classes begin that includes contact information for domestic violence services along with information about other service providers.

Linkages to Other Services

Staff interviewed at both the Pinon and Lowry FRCs reported on the existence of strong working relationships with their respective Child Support offices, whereas the La Plata, Mountain Resource Center, and Focus Points FRCs indicated a much weaker connection to the local Child Support office. The Pinon and Lowry FRCs used Child Support offices as referral sources. They also established contacts in the offices to send clients who are in need of Child Support services, such as paternity establishment, which the FRCs are unable to provide.

Partner Up participants are provided with FRC case management services by Partner Up coordinators or other FRC staff. The FRC staff reported that Partner Up participants were provided referrals to services both within and outside FRCs, such as paternity referrals, prenatal counseling, employment programs, Even Start programs, education classes, and parenting classes. However, because referrals are not tracked specifically for Partner Up participants, there is no record of the extent to which Partner Up participants need or are referred to other services.

Media Campaign and Community Outreach

No formal overarching media campaign was budgeted for the Partner Up program. Instead, to help recruit families, all of the local FRCs developed flyers and distributed them. Some of the FRCs advertised the classes on their Web sites and placed articles in their newsletters and local papers. For example, the La Plata FRC reported that an article about Partner Up reported in the local newspaper stimulated some interest from the community at large to inquire about HMR classes.

6.4 Partner Up Participant Characteristics and Experiences

Class Participant Information

CDHS uses the Colorado Knowledge-based Information Technology (CO KIT) system to collect, store, and analyze information about Partner Up participants. CO KIT is a Web-based reporting and evaluation system used by several social service agencies across the State. It allows CDHS to link participant, service, and outcome data with other State agencies. Partner Up FRCs were trained on the CO KIT system during the first year of the grant and entered information into the system that was gathered from enrollment forms filled out by participants.

The local evaluator, the OMNI Institute, completed a final evaluation report in March 2009, analyzing program participant data collected through the CO KIT system.[7] According to the local evaluation report, the Partner Up program served a total of 581 participants between October 2006 and December 2008. It should be noted that there are some limitations to the program data collected through the CO KIT system. For example, a breakdown about the types of services that participants received are not reported, such as individual one-on-one sessions or group classes. Also, program completion and retention were not captured in the database.

Management Information System (MIS) Data Highlights of Participant Characteristics

The results of the local evaluation indicate that 71 percent of participants are female and 29 percent are male. In addition, 58 percent of the participants are White, 16 percent are Hispanic, 8 percent are Black, and just over 12 percent are Asian or any other race/ethnicity. On average, the majority of Partner Up participants were over age 35 (52 percent), and 36 percent were aged 25 to 34. A small percentage of participants (12 percent) were aged 18 to 24. Most program participants had completed high school or a general equivalency diploma (38 percent) or some college and above (44 percent).

[7] Omni Institute. (2009). *Partner Up final evaluation report.* Retrieved March 8, 2010, from https://childsupport.state.co.us/siteuser/do/vfs/Read?file=/cm:Publications/cm:Reports/cm:Partner_x0020_Up_x0020_final_x0020_report_FINALrevisedJuly2009.pdf

Furthermore, the results indicate that 39 percent of Partner Up participants were married, whereas 34 percent of participants were separated, divorced, or widowed. An additional 27 percent of participants had never been married. Of those participants who were not married, 18 percent were in a relationship, 34 percent were cohabiting, and 48 percent were not in a relationship.

The results also highlight that 59 percent of Partner Up participants were working when services began: 35 percent worked full time, and 24 percent worked part time. The majority of Partner Up participants had household incomes below $20,000 (60 percent), a quarter had family incomes ranging from $20,000 to $40,000, and 15 percent had incomes over $40,000.

In addition to obtaining demographic information for the 581 participants, the OMNI Institute administered surveys to 173 participants before and after completion of Partner Up programming to gauge whether the program had any effect on their communication skills. In the initial survey, given before programming, participants were asked questions to assess their existing communication skills, based on a questionnaire that was designed by the developers of the Couple Communication curriculum and adopted by OMNI. The questionnaire is designed to evaluate how frequently participants use positive communication skills, such as acknowledging the wishes and feelings of others, sending clear and complete messages, and inviting others to talk about their points of view. Participants were also asked how much support they needed to improve their parenting and the health of their relationships. Lastly, participants were asked about the importance of marriage and its effect on children.

The post-programming survey, given after participants had completed the HMR classes, also asked about the importance of marriage. Additionally, participants assessed improvements in their communication skills. Finally, the post-programming survey asked questions to determine how much the program had helped with parenting and relationship skills and support.

The results of the descriptive analysis of pre- and post-programming surveys showed an improvement in communication skills among participants. Additionally, the report indicated that the program had positive effects on attitudes toward marriage.[8] Virtually all Partner Up participants found the programming to be helpful in providing parental (98.5 percent) and

[8] As an example of a significant increase, 124 participants answered a survey question about how important they thought marriage was for the well-being of their child or children. Responses were measured on a scale of 1 to 4, with one being "not important at all" and 4 being "very important." The average score among the 124 participants before programming was 3.23, and the average after programming was 3.40. The positive effect size of 0.17 was found to be a statistically significant difference in pre- and posttest scores ($p<0.05$). More detailed results are provided in Omni Institute. (2009). *Partner Up final evaluation report.* Retrieved March 8, 2010, from https://childsupport.state.co.us/siteuser/do/vfs/Read?file=/cm:Publications/cm:Reports/cm:Partner_x0020_Up_x0020_final_x0020_report_FINALrevisedJuly2009.pdf

relationship (100 percent) support. Although the OMNI report found statistically significant increases in outcomes, there are some limitations to this analysis. It is unclear whether the subset of 173 participants is representative of all Partner Up participants.

Participants' Involvement With the Child Support Enforcement System

Of Partner Up participants, 135 participants matched in the child support system, representing 23 percent of the 581 participants. Table 6-5 indicates that, of the 135 cases that matched in the child support system, 47 percent were the custodial parents on all cases, while 48 percent were noncustodial parents on all cases. An additional 4 percent of participants had cases in which they were custodial and noncustodial parents.

Table 6-5. Paternity establishment among Partner Up program participants, from January 2005 to November 2008

Characteristic		Percent or number
Total number of participants		135
Percentage of the total number of participants (*N*=581)		23
Percentage of Partner Up participants who are custodial or noncustodial parents on all cases (*N*=135)	Custodial only	47
	Noncustodial only	48
	Custodial and noncustodial	4
Percentage of the number of children associated with all child support cases (*N*=135)	1	64
	2	25
	3	6
	4 or more	4
Percentage of established paternity for any children on all cases (*N*=135)	Established for all children	16
	Did not establish	84
	Established for some children but not all	
Percentage of established paternity after project startup for a child on any case (*N*=15)	Yes	13
	No	87

NOTE. Percentages may not sum to 100 percent due to rounding.

Source: Partner Up management information system data matched with State IV-D records.

Only 16 percent of the Partner Up participants had paternity established, and 13 percent of these establishments occurred after the project began. For the 135 Partner Up participants that matched in the child support system, 35 percent had more than one child, and 64 percent had only one child associated with all their child support records.

Table 6–6 indicates that 60 percent of the 135 Partner Up participants had child support orders, and 42 percent of the orders were established during the project period.

Table 6-6. Child support orders among Partner Up program participants, from January 2005 to November 2008

Characteristic		Percent or number
Total number of participants		135
Percentage of the total number of participants (*N*=581)		23
Percentage with any child in record covered by a child support court order (*N*=135):	Yes	60
	No	40
Percentage with established child support order during project for any child (*N*=77):	Yes	42
	No	58
For NCP participants, amount of child support order (*N*=38):	$0 monthly	5
	$1–$100 monthly	18
	$101–$200 monthly	18
	$201–$300 monthly	21
	$301–$400 monthly	21
	$400–$500 monthly	8
	$500–$600 monthly	5
	>$601 monthly	3
For CP participants, amount of child support order (*N*=48):	$0 monthly	17
	$1–$100 monthly	23
	$101–$200 monthly	21
	$201–$300 monthly	19
	$301–$400 monthly	10
	$401–$500 monthly	6
	>$601 monthly	4
Average monthly child support order obligation paid, NCPs (*N*=38):		$254
Average monthly child support order obligation received, CPs (*N*=48):		$198
Average number/percentage of months (between January 2005 and November 2008) that NCP participants made any payments on all cases (*N*=38):		(12) 32%
Average number/percentage of months that NCP participants made full payments, as ordered, on all cases (*N*=38):		(10) 28%
Average number/percentage of months that CP participants received any payments on all cases (*N*=48):		(8) 23%
Average number/percentage of months that CP participants received full payments, as ordered, on all cases (*N*=48):		(7) 19%

NOTE. CP=custodial parent; NCP=noncustodial parent; Percentages may not sum to 100 percent due to rounding.

Source: Partner Up management information system data matched with State IV-D records.

The amount of child support orders varied. The 38 noncustodial parent participants with active obligations had total orders averaging approximately $254 per month. (This average includes orders on multiple cases if there is more than one active obligation.) Among these noncustodial parent participants, 41 percent had child support orders that totaled less than $200 per month, 21 percent had orders between $201 and $300 per month, 21 percent had

orders between $301 and $400 per month, and 16 percent had orders over $400 per month. Noncustodial parents made full payments in 28 percent of months that child support was ordered on all cases and made partial payments in 32 percent of months.

Custodial parents received an average of $198 in payments each month. Of custodial parents, 40 percent received less than $100 per month, and 50 percent received between $101 and $400 per month. One in 10 custodial parents received over $400 per month. The average percentage of months that custodial parents received full payments, as ordered, from noncustodial parents was 19 percent. Only a slightly larger number of custodial parents received partial payments; on average, the percentage of months that custodial parents received partial payments totaled 23 percent.

A Single Case Study (Anecdotal Data)

To understand the perspectives of program participants regarding attitudes about marriage and class experiences, the evaluation team engaged in an in-depth discussion with one African-American married couple who recently completed a Partner Up series of classes in Denver. Only one married couple responded to opportunities to meet with the research team to share their perspectives. This couple had children together and also from previous relationships. The couple learned about the Partner Up program when one of the Partner Up program coordinators approached the husband while he was at court. At the FRC, the father first attended parenting classes. After completion, both the husband and wife attended the healthy marriage classes for couples.

Prior to their class participation, the couple disagreed on whether they needed help with their own relationship. One spouse believed that nobody could help their relationship, while the other spouse felt that they needed help to be better parents and did not need to focus on their own relationship. The couple had set low expectations for the classes and thought they would be similar to a television sitcom.

To the couple's surprise, their class experience was positive. The couple mentioned that they liked the family focus of the FRC and were impressed with the facilitators and the trust that they elicited from participants. Both spouses could describe in detail both the class sessions and the practical lessons, such as how to keep relationships afloat, agreeing to disagree, avoiding aggression, and letting go of anger. They enjoyed the social aspects of networking with other couples and drew comfort from knowing that they were not the only ones experiencing problems.

The couple mentioned several lessons they learned from participating in Partner Up. Prior to the class, they had not considered how their marital relationship affected their children; afterward, they were more cognizant of how their behavior toward each other affected their kids. In their opinion, a valuable skill was learning more appropriate ways to manage conflict and discuss issues in front of their children. They also mentioned learning the

financial and emotional dangers of withholding child support out of anger when there are issues between custodial and noncustodial parents. They also reported learning about solutions to better communicate with their ex-partners. Upon completion, they recommended the Partner Up classes to their friends, one of whom had enrolled in the classes.

6.5 Summary

Colorado has several marriage education and fatherhood programs operating statewide. The Partner Up program was one of the first to bring together a new group of partners—the FRCA, including five FRCs around the State, and the State and county Child Support offices—to address HMR issues. Although neither group had worked closely together before, both partners had experience developing community-based programs. The Partner Up program was added to the existing social services available to economically vulnerable families.

Implementation Achievements

This Partner Up demonstration project achieved several notable successes, which were identified by stakeholders as being common across the FRCs:

- One of the key successes is the flexibility for the FRCs to design programs tailored specifically to reflect the prevailing needs within their local communities.
- Despite the fact that it took a significant amount of time to secure buy-in, another success is that most of the local FRC staff that work directly with families recognized the importance of providing HMR educational services to help improve communication and enhance listening and decision making skills.
- Serving both parents together, especially if the HMR services were provided in conjunction with parenting classes, was viewed by several FRC staff as an important achievement.
- Providing "wraparound services" to parents while they enrolled in HMR educational classes was seen as a central component needed to more fully address other problems that affect healthy marriages and relationships.

Implementation Challenges

The Partner Up demonstration also experienced a number of significant challenges:

- Securing initial buy-in for the program at the local level led to delays in defining specific project goals, targets, and curricula.
- Securing outside matching funds was time consuming; ultimately, the FRCs contributed the funding.
- The required matching for waiver funding also presented a challenge to service delivery. Unlike other Section 1115 demonstrations, in which the matching funds came from the State, the FRCs were required to provide the matching funds themselves. This reduced

the total amount of funding available to support Partner Up programming, relative to other demonstrations.

- The lack of strong management and the limited tracking of program activities of the individual FRCs presented serious challenges to monitoring site progress and service delivery.
- While the program met the initial target goals set to serve 300–400 families with HMR educational services, the tracking of HMR classes provided across FRCs was inadequate. FRC interviewees reported they did not regularly use the MIS.
- Understanding of the Partner Up goals for the clients varied among FRC staff, in part due to limited local understanding of the Federal program requirements.
- The FRCs with no prior connection to the county child support agency were not able to develop a relationship; therefore, a child support educational or referral component was not implemented in those locations.
- Key staff turnover was mentioned at all FRCs as one of the key challenges in consistent program implementation. Staff turnover occurred in various positions across the FRCs, ranging from one of the executive directors, State and county child support agency contacts, and Partner Up coordinators and facilitators.
- One unanticipated challenge to program implementation that proved difficult to address was the passing of FRCA's longtime leader due to illness and a tragic accident that took the life of the executive director of one of the FRCs.

The Future of the Partner Up Program

Overall, on a small scale, the Partner Up HMR educational services and a couples-based approach to communication were accepted by the FRCs as staff became less skeptical of providing the educational services. Across the FRCs, staff expressed an interest in continuing the Partner Up HMR educational classes whether they are incorporated into other family support educational programs or continue as a standalone program. At least three of the five FRCs received RF grants and use HMR curricula as part of their long-term services for fathers. One FRC continues to deliver classes for couples. Thus, it is likely that the program will be sustained in some form by these well-established community-based agencies.